

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F23464

1. Corporation Name

SIMONDS MANUFACTURING CORPORATION

Principal Place of Business

Mailing Address

304 PROGRESS ROAD

304 PROGRESS ROAD

AUBURNDAL FL 33823

AUBURNDAL FL 33823

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1981

5. FEI Number

59-2076391

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PDT	LEAVEY, THOMAS C.	304 PROGRESS ROAD	AUBURNDAL FL 33823
SDV	LEAVEY, SHEILA W.	304 PROGRESS ROAD	AUBURNDAL FL 33823
CD	WALSH, JAMES A.	304 PROGRESS ROAD	AUBURNDAL FL 33823

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOOTH, SHEILA, WALSH  
304 PROGRESS RD  
AUBURNDAL FL 33823

Name

SHEILA WALSH LEAVEY

Street Address (P.O. Box Number is Not Acceptable)

304 PROGRESS ROAD

Suite, Apt. #, Etc.

City

AUBURNDAL FL

State

FL

Zip Code

33823

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.055, F.S.

Signature of  
Registered Agent

*Sheila W. Leavey*

REGISTERED AGENT MUST SIGN

Date

Oct. 18, 2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Sheila W. Leavey*  
SHEILA W. LEAVEY

Oct. 18, 2000 (863) 967-8666

Date

Daytime Phone #