

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

304 PROGRESS ROAD
AUBURNDALE FL 33823

Mailing Address

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

500004706625--8
-12/05/01--01072--026
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10-11-01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-01

Date

863-967-8566

Daytime Phone #

304 PROGRESS ROAD * AUBURNDALE, FLORIDA 33823 * 863/967-8566 * FAX 863/967-8538



Simonds
MANUFACTURING
CORPORATION

THOMAS C. LEAVEY

October 30, 2001

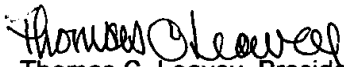
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Ref. Number: F23464

Gentleman:

Enclosed you will find our check in the amount of \$158.75 for the filing of the Annual Report/Uniform Business Report \$150.00, plus a Certificate of States \$8.75.

This is to advise you that we are in non-receipt of Uniform Business Report (UBR), we did not receive this form.


Thomas C. Leavey, President
President