

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION FOR REINSTATEMENT



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

FILED

01 FEB 22 AM 9:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F95000001598 1. Corporation Name QUALITY SOCKET SCREW MANUFACTURING CORPORATION

Principal Place of Business 2790 WORTH AVE. ENGLEWOOD FL 34224 Mailing Address 2790 WORTH AVE. ENGLEWOOD FL 34224



REINSTATEMENT 0-01

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 4. Date Incorporated or Qualified To Do Business in Florida 04/03/1995 SP 5. FEI Number 52-0914340 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PDC, FEUSTEL, THOMAS J, 13085 VIA FLAMINIA, PLACID FL

7000003783617-1 -02/27/01--01127--009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent HANEWINCKEL, DEAN 260 W. DEARBORN ST. ENGLEWOOD FL 34223 9. Name and Address of New Registered Agent Name THOMAS FEUSTEL Street Address 2790 Worth Ave. City ENGLEWOOD, State FL Zip Code 34224

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 REGISTERED AGENT MUST SIGN Date 1/22/00

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: THOMAS FEUSTEL 1/22/00 941-475-9585 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)