

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**bf2**

**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

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/03/1995**

**SP**

5. FEI Number

**52-0914340**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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 (P.O. Box Number is Not Acceptable)

**2790 WORTH AVE.**

Suite, Apt. #, Etc.

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

*[Signature]*

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:**

*[Signature]* **THOMAS FEUSTEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/00**  
Date

**941-475-9585**  
Daytime Phone #

CR2E040 (8/00)