

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000004195

1. Corporation Name

MOBILE TOOL INTERNATIONAL, INC.

Principal Place of Business

5600 W. 88TH AVENUE  
WESTMINSTER CO 80031

Mailing Address

5600 W. 88TH AVENUE  
WESTMINSTER CO 80030

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

08/13/1999

5. FEI Number

52-1831077

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
D	WALBRIDGE, VAN J	5600 W. 88TH AVENUE	WESTMINSTER CO 80031
V	WHALEN, BRENT	5600 W. 88TH AVENUE	WESTMINSTER CO 80031
<del>VST</del>	<del>KOZEL, MARY A</del> DELETE	<del>5600 W 88TH AVE</del>	<del>WESTMINSTER CO 80031</del>
<del>V</del>	<del>GURESHI, KHURSHID</del> DELETE	<del>5600 W 88TH AVE</del>	<del>WESTMINSTER CO 80031</del>
V	Mueller, David	5600 W. 88th Ave	Westminster, CO 80031

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

10-24-02 (303) 427-3700

Date

Daytime Phone #



## MOBILE TOOL INTERNATIONAL INC. *Page 1 of 2*

5600 West 88<sup>th</sup> Avenue • Westminster, Colorado 80031  
Telephone: (303) 657-2592 • FAX: (303) 657-2117

October 24, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

**RE: Document # F99000004195, FEIN 52-1831077**

We have no record of receiving prior UBR notices. We apologize for any inconvenience this may have created. Enclosed is our Application for Reinstatement.

Sincerely,

Brent Whalen  
Vice President