

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

H-60964
EVER-READY TOOL, INC.

2. Principal Office Address

7209-114TH AV.

Suite, Apt. #, etc.

UNIT D

City & State

LARGO, FL

Zip

33773

Country

PINELLAS

3. Mailing Office Address

7209-114TH AV.

Suite, Apt. #, etc.

UNIT D

City & State

LARGO, FL

Zip

33773

Country

PINELLAS

REINSTATEMENT *02-03*

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN K. SMITH

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

10617 94TH AV

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33772

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *11-12-03*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PRES.</i>	<i>STEPHEN K SMITH</i>	<i>10617 94TH AV</i>	<i>SEMINOLE, FL 33772</i>

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-03

Date

392 8169

Daytime Phone #

CR2E081 (10/02)