

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J77739**

1. Corporation Name

SOLO TOOL AND GAGE, INC.

Principal Place of Business

7752 S. GEORGE BLVD.
SEBRING FL 33872

Mailing Address

7752 S. GEORGE BLVD.
SEBRING FL 33872

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

06/08/1987

5. FEI Number

59-2841203

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
P	ASHBAUGH, THOMAS E.	7752 S. GEORGE BLVD.	SEBRING FL 33872

300004733043--3
-12/19/01--01056--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ASHBAUGH, THOMAS E.
7752 S. GEORGE BLVD.
SEBRING FL 33872

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-01

FILED

01 NOV 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2001 UBR

CR2E040 (8/01)

2 of 2

Solo Tool & Gage Inc.
7752 S. George Blvd.
Sebring, FL 33815

10-24-01

Florida Dept of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 150
Tallahassee, FL 32302-1500

To Whom This Concerns:

Attached is the form for Reinstatement
and a checked spoke with a representative from
the Dept phone and was instructed to mail
this form. Also I inform you that the original
mail in April apparently was not received. I was
also informed that all fees would be waived

Thank you,
Mindy Ashbough
Solo Tool & Gage Inc.