

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -7 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010786

1. Corporation Name

Specialty Tool Transport

2. Principal Office Address

6642 Old Wintergarden

Suite, Apt. #, etc.

Orlando - 32811

City & State

Orlando, FL

Zip

328

Country

Orange

3. Mailing Office Address

P.O. Box 608504

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32860-8504

Country

Orange

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

31 Jan 2000

5. FEI Number

593621534

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

George R Ashford Jr.

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

6642 Old Wintergarden Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32860

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

6/28/03

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
P	Clyde Tucker	4514 Dorset Cir Decatur Ga 30035	Orlando, FL
M	George Ashford Jr	6642 Old Winter Garden Rd	32860

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:

*Clyde W Tucker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLYDE TUCKER, President

5/1/03

Date

770 987-2774

Daytime Phone #

CR2E081 (10/02)