

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:03

DOCUMENT # P00000050057

1. Corporation Name

SPECIAL TOOL SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2035 MARYE BRANT LOOP
NEPTUNE BEACH FL 32266

2035 MARYE BRANT LOOP
NEPTUNE BEACH FL 32266

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2000

5. FEI Number

59-3647746

Applicable 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
PSTD	SNEAD, JOHN M	2035 MARYE BRANT LOOP	NEPTUNE BEACH FL 32266
V	SNEAD, CONSTANCE	2035 MARYE BRANT LOOP	NEPTUNE BEACH FL 32266

680004670566-5
-11/07/01--01033--026
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNEAD, JOHN M
2035 MARYE BRANT LOOP
NEPTUNE BEACH FL 32266

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

John M. Snead
REGISTERED AGENT MUST SIGN

Date

10/18/01

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:

John M. Snead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

904
242 9106

CR2E040 (8/01)