


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P00000092063**

1. Corporation Name
FEDERAL SAW AND TOOL COMPANIES INCORPORATED

Principal Place of Business Mailing Address


9225 ULMERTON RD. STE 302 9225 ULMERTON RD. STE 302
 LARGO FL 33771 LARGO FL 33771

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.
~~4989 71st Av. N.~~ ~~4989 71st Av. N.~~
 City & State City & State
PINELLAS PARK, FL **PINELLAS PARK, FL**
 Zip Country Zip Country
33781 U.S.A. **33781 U.S.A.**

FILED
 01 NOV 14 PM 12: 22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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4. Date Incorporated or Qualified To Do Business in Florida **09/29/2000**

5. FEI Number **593665981** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	PATRICK GEORGE, DAVID	1304 DIXIE LN	S PASADENA FL 33707
V	BURKE-GEORGE, FRANCES V	1304 DIXIE LN	S PASADENA FL 33707
D	BURKE, ELLIOTT B	1304 DIXIE LN	S PASADENA FL 33707
D	GEORGE, QUINN B	1304 DIXIE LN	S PASADENA FL 33707

8. Name and Address of Current Registered Agent

~~PATRICK GEORGE, DAVID~~
~~1304 DIXIE LN~~
~~S PASADENA FL 33707~~

9. Name and Address of New Registered Agent

Name **FRANCES V. BURKE-GEORGE**
 Street Address (P.O. Box Number is Not Acceptable)
1304 DIXIE Lane
 Suite, Apt. #, Etc.
 City **South Pasadena** State **FL** Zip Code **33707**

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 *Frances V. Burke-George* Date 10/24/01
 REGISTERED AGENT MUST SIGN

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]* Date 10/24/01 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)