

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000097277**

1. Corporation Name

Tool Depot, Inc.

2. Principal Office Address

300 GARDENS DR

Suite, Apt. #, etc.

204

City & State

Pompano Beach

Zip

33069

Country

USA

3. Mailing Office Address

300 GARDENS DR

Suite, Apt. #, etc.

204

City & State

Pompano Beach

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2000

5. FEI Number

65-1048382

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

JUAN C. CASTILLO

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

300 GARDENS DRIVE

Suite, Apt. #, Etc.

204

City

Pompano Beach

State
FL

Zip Code

33069

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

Juan C. Castillo

REGISTERED AGENT MUST SIGN

Date

6-24-02

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.D.	Luis G. Castillo	300 GARDENS DR #204	Pompano Beach, FL 33069
V.P.D.	JUAN CASTILLO	300 gardens Dr #204	Pompano Beach, FL 33069

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

Luis G. Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/02 (954) 214-9934
Daytime Phone #