

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPROVED
AND
FILED

06 APR 11 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000002750

1. Corporation Name

High Technology Tools Supply Corp.

2. Principal Office Address
7575 KINGSPONTE PARKWAY

3. Mailing Office Address

Suite, Apt. #, etc.
UNIT 19 & 20

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32819

Country

Zip

Country

REINSTATEMENT

02-06 JSC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1/1/2001

5. FFL Number
59-3702294

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
Thomas E. Doss III

Street Address (P.O. Box Number is Not Acceptable)
934 E. Altamonte Drive

Suite, Apt. #, Etc.
Suite 1

City
Altamonte Springs

State
FL

Zip Code
32701

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

Date 4/6/2006

REGISTERED AGENT MUST SIGN

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	Ali Segura	7575 KINGSPONTE PARKWAY	ORLANDO, FL 32819
D	Bahia Gomez	7575 KINGSPONTE PARKWAY	ORLANDO, FL 32819

100071629011
04/24/06 01053 001 **750.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/06

Date

407-929-9021

Daytime Phone #

292

High Technology Tools Supply Corp.

Orlando, 04/04/2006

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement Form for High Technology Tools Supply Corp., along with my check for \$750.00. I have not included the \$600.00 reinstatement fee since I did not receive the annual report notices in 2002, the year the company was administratively dissolved. Please let me know if you need anything further. Thank you.

Sincerely,



Ali Segura,
President

7575 Kingspoint Parkway, Unit #20
Orlando, FL 32819
Tel: 407-351-0167 Fax: 407-351-0278