


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000109710			
1. Corporation Name Florida Maintenance Solutions, Inc.			
2. Principal Office Address - No P.O. Box # 235 Bluff View Dr		3. Mailing Office Address 235 Bluff View Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Belleair Bluffs, FL		City & State Belleair Bluffs, FL	
Zip 33770	Country US	Zip 33770	Country US
4. Date Incorporated or Qualified To Do Business in Florida 11/15/01		CR2E081 (11/10)	
5. FEI Number 593755709		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert W. Quick			
Street Address (P.O. Box Number is Not Acceptable) 235 Bluff View Dr			
Suite, Apt. #, Etc.			
City Belleair Bluffs		State FL	Zip Code 33770
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 <i>Robert W. Quick</i>		Date 5-5-11	
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
Chief Executive Officer	Robert W. Quick	235 Bluff View Dr	Belleair Bluffs, FL 33770
10. E-mail Address: sales@floridatoolstore.com (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <i>Robert W. Quick</i>		Date 5-5-11	352-262-6072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

11 MAY 17 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA200207404192  
05/09/11--01056--006 \*\*300.00