

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115403

1. Corporation Name

MATCO TOOLS PSW, INC.

Principal Place of Business

Mailing Address

7755 160TH LANE NORTH  
PALM BEACH GARDENS FL 33418

7755 160TH LANE NORTH  
PALM BEACH GARDENS FL 33418



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

11/01/2002

5. FEI Number

61-1429832

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ANTHONY LAURETANO	7755 160TH LANE N.	PALM BEACH GARDENS, FL 33418

100024055451  
10/23/03--01070--029 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAURETANO, ANTHONY M  
7755 160TH LANE NORTH  
PALM BEACH GARDENS FL 33418

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Anthony Lauretano*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*Anthony Lauretano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

561-745-8525

Daytime Phone #

CR2E040 (7/03)

## Matco Tools PSW, Inc.

7755 160<sup>th</sup> Lane North  
Palm Beach Gardens, FL 33418  
(561) 745-8575

October 14, 2003

Re: Matco Tools PSW, Inc.  
Document #: P02000115403

To Whom It May Concern:

I recently received a Dissolution Uniform Business Report for 2003. Being a recently new corporation I was unaware of this report. It was explained to me, just today when I called your office, that this is an annual report that goes out every year. I now know that the 1<sup>st</sup> UBR notice is sent out at the beginning of the year and also that a 2<sup>nd</sup> notice goes out sometime mid-year. I never received the previous two notices. Please accept my check for \$150 for the UBR filing for 2003.

Now that I am aware of this report I will be sure that this report is filed timely at the beginning of every year. If I do not receive the report from your office within the first two months of the year, I will then contact your office immediately. Thank you for your help in advance.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Lauretano". The signature is written in dark ink and is positioned above the printed name.

Anthony Lauretano, President