2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000047007

1. Entity Name
TOOLE'S MAINTENANCE, INC.

FILED
05 AUG -8 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8194 EAST C.R. 48 CENTER HILL, FL 33514	8194 EAST C.R. 48 CENTER HILL, FL 33514

REINSTATEMENT 08052005 REIN P CR2E098 (6/04) 04 05

2. Principal Place of Business	3. Mailing Address	4. FEI Number
4725 SW 78TH AVENUE	P.O. BOX 456	33-1055169
Suite, Apt # etc	Suite, Apt # etc	☐ Applied For ☐ Not Applicable
City & State: BUSHNELL, FLORIDA	City & State: BUSHNELL, FLORIDA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33513 Country:	Zip: 33513 Country:	

6. Name and Address of Current Registered Agent

TOOLE, SHAWN L
8194 EAST C.R. 48
CENTER HILL, FL 33514

7. Name and Address of New Registered Agent

Name: Toole, Shawn L.
Street Address (P.O. Box Number is Not Acceptable): 4725 SW 78th Avenue
City: Bushnell FL Zip Code: 33513

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shawn L. Toole — August 5, 2005
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLE, SHAWN L P.O. BOX 456 BUSHNELL, FL 33513	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~08/08/05--01066--002 **300.00~~ ~~08/08/05--01066--002 **300.00~~ 600058352146 08/08/05--01066--002 **300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shawn L. Toole — August 5, 2005 — 352-793-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #