

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000075907

1. Entity Name
A. TOOLS CORP.



Principal Place of Business
611 NORTH 71ST TERRACE
HOLLYWOOD, FL 33024

Mailing Address
611 NORTH 71ST TERRACE
HOLLYWOOD, FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072005

REIN-P

CR2E098 (6/04)

4. FEI Number
20-0091190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETANCOURT, AMERICO R
611 NORTH 71ST TERRACE
HOLLYWOOD, FL 33024

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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 11

TITLE PD
NAME BETANCOURT, AMERICO R
STREET ADDRESS 611 NORTH 71ST TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 300060634883
STREET ADDRESS 10/14/05--01072--014 **158.75
CITY-ST-ZIP

TITLE VD
NAME MIRANDA, VILMA G
STREET ADDRESS 611 NORTH 71ST TERRACE
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *J. Miranda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-05 (305) 300-9195

Date

Daytime Phone #

(10/19)
cu