2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000103994

Entity Name: TOM DENOFA'S SNAP ON TOOLS INC

FILED May 11, 2006 Secretary of State

Entity Nai	me: TOM DENOFA'S SNAP ON TOOL	S INC.		
Current P	rincipal Place of Business:	New Principal Place	of Business:	
18105 ADA FT MYERS	AMS CIR. 5, FL 33912			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
18105 ADAMS CIR. FT MYERS, FL 33912			3349 ROCK CREEK DRIVE PORT CHARLOTTE, FL 33948	
FEI Number:	: FEI Number Applied For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		t: Name and Address o	Name and Address of New Registered Agent:	
The above		the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: THOMAS DENOFA			
	Electronic Signature of Registered	d Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation on a paign Financing Trust Fund Contribution().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () Delete DENOFA, THOMAS 18105 ADAMS CIR. FT MYERS, FL 33912	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete DENOFA, TRACI 18105 ADAMS CIR. FT MYERS, FL 33912	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI DENOFA S 05/11/2006