

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000080482

1. Entity Name
TOOLS & MORE INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 17 PM 1:30

Principal Place of Business
1683 WEST 40 STREET
HIALEAH, FL 33012 US

Mailing Address
1683 WEST 40 STREET
HIALEAH, FL 33012 US

2. Principal Place of Business - No P.O. Box #
600 SW 116 CT

3. Mailing Address
600 SW 116 CT

Suite, Apt. #, etc.
City & State
MIAMI, FL

Suite, Apt. #, etc.
City & State
MIAMI, FL

Zip
33174

Country
DAD

Zip
33174

Country
DAD



03142008 REIN-P CR2E098 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTRO, REY
2721 SW 149 PLACE
MIAMI, FL 33185

7. Name and Address of New Registered Agent
Name ALFONSO GARCIA
Street Address (P.O. Box Number is Not Acceptable)
600 SW 116 CT
City MIAMI FL Zip Code 33174

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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ALFONSO SR 1683 WEST 40 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 SW 116 CT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100121250671 03/25/08--01053--004 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR