

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P07000104734

1. Corporation Name

EMPIRE TOOL CORP

2. Principal Office Address - No P.O. Box #

2296 W 80th St #5

Suite, Apt. #, etc.

3. Mailing Office Address

940 E 34th St

Suite, Apt. #, etc.

City & State

HALEAH FL

City & State

HALEAH FL

Zip

33016

Country

US

Zip

33013

Country

US

400164679594

01/06/10--01009--002 **150.00

REINSTATEMENT 09

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-20-07

5. FEI Number

26-1098504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name P B & A FINANCIAL SERVICES CORP

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

174 NE 96th St

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-29-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ALEJANDRO BARCELO	2296 W 80th St #5	HALEAH FL 33016
VP	ILEANA BARCELO	2296 W 80th St #5	HALEAH FL 33016

10. E-mail Address: EMPIRE TOOL CORP@BELL SOUTH.NET

(To be used for future annual report notification)

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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-29-09

Daytime Phone #