

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 193

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 29 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **993000009604**

1. Corporation Name **Mike of All Trades Inc.**

2. Principal Office Address  
**1000 SW 12 Rd**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip Country  
**33486 USA**

3. Mailing Office Address  
**1000 SW 12 Rd**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip Country  
**33486 33486**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1993**

5. FEI Number  
**65-0391500**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name  
**MICHAEL SAVINON**

Street Address (P.O. Box Number is Not Acceptable)  
**1000 SW 12 RD.**

Suite, Apt. #, Etc.

City  
**BOCA RATON**

State  
**FL**

Zip Code  
**33486**

**400003328274-6**  
**-07/19/00--01091--007**  
**\*\*\*\*\*300.00 \*\*\*\*\*300.00**

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 **Michael A. Savinon**  
REGISTERED AGENT MUST SIGN

Date **6/13/2000**

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.	MIKE SAVINON	1000 SW 12TH RD. BOCA RATON, FLA 33486	BOCA RATON, FLA 33486
SEC.	LYDIA SAVINON	1000 SW 12 RD.	BOCA RATON, FLA

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: **Michael A. Savinon** **MICHAEL SAVINON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/13/00** (561) 361 2557  
Daytime Phone #

CR2E081 (9/99)

# Mike Of All Trades Inc.

◆◆◆  
1000 S.W. 12 Rd. ◆ Boca Raton, FL 33486 ◆ U.S.A.  
Phone 561-361-2557

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June 26, 2000

To whom it may concern,

I am writing this letter to advise that I have just become aware of my Corp.status being inactive. I never received the paperwork in the mail to reinstate. I believe this was most likley a result of a change of address. I spoke with someone in the Division of Corporation in the Kendall office back in 1999 regarding this matter. It seems as though the address was not updated properly at that time. I have however still been receiving continusally all my quarterly and unemployment reports through out 99 and all of this year. Please check your records to verify that is correct.

I am enclosing a total of \$300.00 for last year and this year as I was advised.

Sincerely,



Michael Savinon