

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 14 AM 9 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000974**

1. Corporation Name

DIXIE TOOL AND DIE INC.

REINSTATEMENT 99-02

2. Principal Office Address

5451 WEST WATERS AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

5451 WEST WATERS AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33634

Country

HILLSB.

City & State

TAMPA, FLORIDA

Zip

33634

Country

HILLSB.

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 5, 1994

5. FEI Number

59-323-3011

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

ROBERT L. SCAMARDO

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

5451 WEST WATERS AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33634

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

Robert L. ScamarDO
REGISTERED AGENT MUST SIGN

Date

2/12/02

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.	ROBERT L. SCAMARDO	5451 W. WATERS AVE	TAMPA, FL 33634
Secty	ROBERT L. SCAMARDO	5451 W. WATERS AVE	TAMPA, FL 33634
Treas.	ROBERT L. SCAMARDO	5451 W. WATERS AVE.	TAMPA, FL 33634

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:

Robert L. ScamarDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/02

Daytime Phone #

813-886-4711