

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR 10 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # p.95.000010652

1. Corporation Name

NORTON TOOLS CORPORATION

2. Principal Office Address

2103 west 76th street

Suite, Apt. #, etc.

Unit #28

City & State

Hialeah FL

Zip

33016

Country

USA

3. Mailing Office Address

2103 west 76th street

Suite, Apt. #, etc.

unit #28

City & State

Hialeah FL

Zip

33016

Country

USA

REINSTATEMENT 98-00

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

February 8, 1995

5. FEI Number

#65-0557841

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

Norton Gallego

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

2103 west 76th Street

Suite, Apt. #, Etc.

Unit #28

City

Hialeah

State

FL

Zip Code

33016

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

Norton Gallego

REGISTERED AGENT MUST SIGN

Date *4-5-2000*

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
P	Norton Gallego	471 NW 156 Lane	Pembroke Pines FL 33028

KE

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:

Norton Gallego

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

Daytime Phone #