

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

**CORPORATION  
REINSTATEMENT**

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

**01-02 UBR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000028889**

1. Corporation Name

**Ultimate Tool, Inc.**

2. Principal Office Address

**4844 NE 11th Ave.**

Suite, Apt. #, etc.

3. Mailing Office Address

**4844 NE 11th Ave**

Suite, Apt. #, etc.

City & State

**Oakland Park, FL**

Zip

**33334**

Country

**USA**

City & State

**Oakland Park, FL**

Zip

**33334**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1-June-1995**

5. FEI Number

**65-05934481**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**800005145658--2**  
**-03/22/02--01025--007**  
**\*\*\*\*150.00 \*\*\*\*150.00**

7. Name and Address of Current Registered Agent

Name

**Wally Moore**

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

**4844 NE 11th Ave.**

Suite, Apt. #, Etc.

City

**Oakland Park**

State

**FL**

Zip Code

**33334**

**800005145658--2**  
**-03/22/02--01025--008**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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

**Wallace L. Moore**

REGISTERED AGENT MUST SIGN

Date **6-Feb-2002**

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
<b>P</b>	<b>Wally Moore</b>	<b>4844 NE 11th Ave</b>	<b>Oakland Park, FL 33334</b>

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:

**Wallace L. Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-Feb-2002**

Date

**954-489-9996**

Daytime Phone #

CR2E081 (9/01)

**B**

Attachment  
# P95000028889

2062

**Ultimate Tool, Inc.**

**4844 NE 11<sup>th</sup> Ave.**

**Oakland Park, FL 33334**

**PH# 954.489.9996**

**FAX# 954.489.9998**

**5 February 2002**

**Ladies and Gentlemen:**

It has come to our accountant's attention that we have not received a uniform-business report (UBR) in quite some time and that our business, Ultimate Tool, Inc., has been moved to a status of Inactive. It has also come to our attention, after phoning the Office of Corporations, that this has occurred due to our address being changed and it never being updated in Tallahassee. Although we did make a call to update said address change it was never updated.

During a conversation with a representative at the Office of Corporations I was told to write this letter and that the reinstatement fee would be waived due to the fact that my company has been moved to a status of Inactive through no fault of my own. I would much appreciate your acceptance of the two enclosed UBRs, 2001 & 2002, and my Reinstatement form.

Thank You,

*Wallace L. Moore*

Wallace L. Moore

President

WLM:mwm