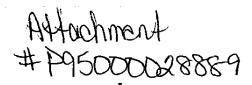
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PLEASE READ ALL INSTRUCTIONS BEFORE COM

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

TELACE READ ALL INOTRODITIONS DEFORE COIVIE DECICULTY OF DELICE								
,	PORÁTION STATEMENT			REMENT OF STA		SECRETARY OF S	STAIF	
DOCUMENT # ρ950000 28889 1. Corporation Name						TALLAHASSEE, FLORIDA		
Ultimate Tool, INC.							,	
2. Principal Office Address			3. Mailing Office Add		ε	8000051456582 -03/22/0201025007 ****150.00 ****150.00		
4844AE 11th Ave, Suite, Apt. #, etc.			4844 NE 11th Ave Suite, Apt. #, etc.			****150 . UU	****15U.UU	
City & State			City & State			4. Date Incorporated or Qualified To Do Business in Florida 1- June - 1995		
Oakland Park, FL			Oakland Park, FL Zip Country		65-	65 - 05934481 Applied For Not Applicable		
33334	1 .*	A	33334	USA	G. CERTIFICAT		Additional Fee required a Certificate of Status	
				Address of Current Re	gistered Agent			
	Name Wally Moore Street Address (P.O. Box Number is Not Acceptable) BIDDDS 14565803/22/0201025-00 4844 NE ILEN Ave. -03/22/0201025-00 Suite, Apt. #, Etc. *****150.00							
	City Oakla	ud Per	k			State Zip Code FL 33334		
8. I, being an Signature of Registered Ag	() 00.	w L	e named corporation, and the second s		t the obligations of sec	tion 607.0505 or 617.0503, F.S. 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		
ρ	Wally 1	MORE	486	44 NE 11th	Ave	Oakland Per	k, FL 33334	
	-							
			}			}		
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #								
	SIGNATURE A	ND TYPED OR PRIN	TED NAME OF SIGNING OF	FICER OR DIRECTOR			e Phone #	





Ultimate Tool, Inc. 4844 NE 11th 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