

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000008879

1. Corporation Name

SOUTH FLORIDA TOOL RENTAL, INC.

Principal Place of Business

2041 S.W. 70TH AVENUE  
UNIT D  
DAVIE FL 33317

Mailing Address

2041 S.W. 70TH AVENUE  
UNIT D  
DAVIE FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

5520 SW 7th St

Suite, Apt. #, etc.

Plantation, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33317

Country UNITED STATES

DAVIE

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1996

5. F E I Number

65-0646233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ALEXANDER, MARK	2041 SW 70TH AVE SUITE D-6	DAVIE FL

8. Name and Address of Current Registered Agent

ANDOR, STEPHEN M  
2041 S.W. 70TH AVENUE  
UNIT 6  
DAVIE FL 33317

9. Name and Address of New Registered Agent

Name MARK ALEXANDER  
Street Address (P.O. Box Number is Not Acceptable)  
5520 SW 7th St  
Suite, Apt. #, Etc.

City Plantation

State Zip Code  
FL 33317

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mark Alexander

REGISTERED AGENT MUST SIGN

Date 12/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Mark Alexander  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARK ALEXANDER

12/29/98 954-370-2788  
Date Daytime Phone #

FILED

99 JAN 29 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-1119

TS 2/1/99

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\*\*\*\*900.00 \*\*\*\*900.00

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