

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -9 AM 9:37

DOCUMENT # P96000032509

1. Corporation Name

ASTRO TOOLS RENTAL AND
SALES, INC.

000004014190--5

-04/17/01--01109--001

****900.00 ****900.00

2. Principal Office Address

6949 Bay Dr

3. Mailing Office Address

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

33141

Country

DADE

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0659985

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

VLADAN Presic

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

6949 Bay Dr Ste 4

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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

Vladan Presic

Date Jan-15-01

REGISTERED AGENT MUST SIGN

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
D/P	VLADAN Presic	6949 Bay Dr Ste 4 Miami Beach	FL 33141
			AD

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:

Vladan Presic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-15-01

Date

Daytime Phone #