

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 25 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 32 509

**1. Corporation Name**

Astro Tool Rental and Sales, Inc

**2. Principal Office Address**

746 N.E. 80<sup>th</sup> Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33138

Country

U.S.A.

Zip

Country

**REINSTATEMENT** 03-04

700035552687

05/06/04--01012--010 \*\*300.00 TX

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

04/25/96

**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)

746 N.E. 80<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

**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

Apr-23-2004

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
P	Vladan Presic	746 N.E. 80 <sup>th</sup> Street	miami FL 33138

**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

Apr-23-2004

Date

Daytime Phone #

CR2E081 (01/04)