PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	**FILED** 03 MAY 13 AM 11: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000051505

1. Corporation Name

American Tool Supply Corporation

600020250416
05/29/03--01011--034 **1050.00

2. Principal Office Address 10423 SW 16th Manor	**3.** Mailing Office Address 10423 SW 16th Manor
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 6/10/97

City & State Davie, FL	City & State Davie, FL

5. FEI Number 65-0769193   Applied For ☐ Not Applicable

Zip 33324	Country USA	Zip 33324	Country USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Terry J. Forman

Street Address (P.O. Box Number is Not Acceptable) 1521 SW LeJeune Road

Suite, Apt. #, Etc.

City	State	Zip Code
Coral Gables	FL	33134

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

REGISTERED AGENT MUST SIGN

Date 4/4/03

CR2E081 (10/02)

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
DPS	Jim Jeffers	10423 SW 16th Manor	Davie, FL 33324
		REINSTATEMENT 01-03	TS

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: _____   Jim Jeffers   4/4/03   305-693-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #