

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

APPROVED
AND
FILED

98 DEC 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100495

1. Corporation Name

AMERICAN KNIFE AND SAW, INC.

Principal Place of Business

Mailing Address

4843 HOPE SPRING DRIVE
ORLANDO FL 32829

4843 HOPE SPRING DRIVE
ORLANDO FL 32829

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1997

5. FEI Number

59-3463508

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GARRIDO, GEORGE	4843 HOPE SPRING DRIVE	ORLANDO FL 32829

600002725346-1
-12/29/98-01077-018
****150.00 ****150.00

8/12/28

8. Name and Address of Current Registered Agent

GARRIDO, GEORGIANA
4843 HOPE SPRING DRIVE
ORLANDO FL 32829

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/21/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/98

Date

Daytime Phone #

407-823-9558

CR2E040 (9/98)



**AMERICAN KNIFE AND SAW
ZANOGEN**

December 21, 1998

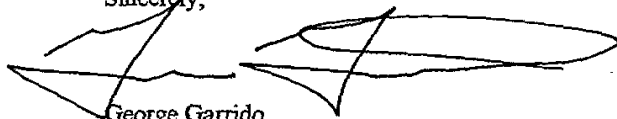
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Corporation Reinstatement.

Dear Division of Corporations;

I have enclosed my application for reinstatement along with my Check for \$150.00. I have a very small company and have not done this paper work before. I work out of my home as a part time business. I did not receive any other paper work until I received this notice of Administrative Dissolution of the corporation. I spoke with someone two weeks ago, and he told me to send this letter along with my check and application for reinstatement. Please accept this application for reinstatement, I am sorry that I did not send the proper paper work in the past. I will try to keep up with the proper fillings in the future.

Sincerely;



George Garrido
President