

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000097228**

1. Corporation Name

TUBOLOCK, INC.

Principal Place of Business

Mailing Address

155 EAST LAKE BRANTLEY ROAD
LONGWOOD FL 32779

155 EAST LAKE BRANTLEY ROAD
LONGWOOD FL 32779

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

2. New Principal Office Address, If Applicable
6249 BENT PINE DR

3. New Mailing Office Address, If Applicable
6249 BENT PINE DR

Suite, Apt. #, etc.
923-A

Suite, Apt. #, etc.
923-A

City & State
ORLANDO, FL

City & State
ORLANDO FL

Zip
32822

Country
USA

Zip
32822

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1998

5. FEI Number

59-3543411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Fee to be paid for each 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	4 City / State / Zip
D	PANARO, GIACOMO	3201B BLUE HERON DR.	KISSIMEE FL 34741
D	MIL RICH BONEY	6249 BENT PINE ORLANDO FL	ORLANDO FL 32822
			300003059603--2
			-12/03/99--01015--018
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

MORGAN, CLIFFORD R II
155 EAST LAKE BRANTLEY ROAD
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name **GIACOMO PANARO**
Street Address (P.O. Box Number is Not Acceptable)
9316 THUNDER PL
Suite, Apt. #, Etc.
KISSIMEE FL
City **ORLANDO** State **FL** Zip Code **32827**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Clifford Morgan

REQUIRED

Date **11/16/99**

REGISTERED AGENT MUST SIGN

11. 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:

GIACOMO PANARO
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/99** Daytime Phone # **407 412 1313**

FILED

99 NOV 22 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99

CR22040 (8/99)