

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000097542**

1. Corporation Name

TURBO TECH TOOLS, INC.

Principal Place of Business

1225 BROKEN SOUND PARKWAY, NW
SUITE D
BOCA RATON FL 33487

Mailing Address

1225 BROKEN SOUND PARKWAY, NW
SUITE D
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1998

5. FEI Number

65-0877680

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHANE, SIMON R	1225 BROKEN SOUND PARKWAY, NW	BOCA RATON FL 33487
VP	MITCHELL, WILLIAM J	20 DOGWOOD CIRCLE	BOYNTON BEACH FL 33408
T	BLEWETT, EDWARD N	60 WOODBROOK RD	WHITE PLAINS NY 10605
S	DOYLE, WILLIAM B JR	9352 SOUTHAMPTON PL	BOCA RATON FL 33434
			000008819950 11/06/02--01037--004 **750.00

8. Name and Address of Current Registered Agent

~~WHEELER, CHRISTOPHER C ESQ.~~
~~2255 GLADES ROAD~~
~~SUITE 340W~~
~~BOCA RATON FL 33434~~

9. Name and Address of New Registered Agent

Name

W. CHESTER BREWER JR ESQ

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

250 AUSTRALIAN AVE SOUTH

Suite, Apt. #, Etc.

SUITE 1400

City

WEST PALM BEACH

State

FL

Zip Code

33401

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

SIGNATURE REQUIRED
WILLIAM B DOYLE JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

561-994-0500

CFR2040 (8/02)