

APPLICATION
FOR
2000 UBR



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

FILED

00 OCT 25 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097865

1. Corporation Name

POWER TOOL REPAIR CO.

Principal Place of Business

Mailing Address

4750 BAYLINE DR.
N. FT. MYERS FL 33917

4750 BAYLINE DR.
N. FT. MYERS FL 33917



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
POTD	GRIFFITH, ALLAN T	2100 MCGREGOR BLVD.	FT. MYERS FL 33901
P	Collinge, Anthony	5255 Coronado Pkwy #6	Cape Coral, FL 33904
V	Collinge, Pauline	5255 Coronado Pkwy #6	Cape Coral, FL 33904
S	Miller, Lesley	3337 W. 10th Street	Indianapolis, IN 46222
			200003483662--5 12/01/00--01087--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINGS, ANTHONY J
4750 BAYLINE DRIVE
NORTH FORT MYERS FL 33917

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]
REGISTERED AGENT MUST SIGN

Date

10/23/2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #

(941) 995 8805



Member
American Institute of Certified Public Accountants
Tax Division
Private Companies Practice Section
Management Consulting Services Division
Florida Institute of Certified Public Accountants
National Litigation Support Services Association
Financial Consulting Group

October 23, 2000

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

Re: Power Tool Repair Company
FEI # 65-0967058

Dear Ms. Harris

Your notice of administrative dissolution was received however this is the first of any such notices that have been received by this corporation. The president of the corporation moved to Florida in 1999 and was unaware of Florida Corporate Annual Report filing requirements. The corporation began doing business in November of 1999. We respectfully request the reinstatement fee be waived. Enclosed please find a check for \$150 for the annual report fee.

If any questions, please contact our office. Thank you.

Sincerely,

Randall L. Wright, CPA
Enclosures

cc: Mr. Anthony Collinge