

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48724

1. Corporation Name

CLINGMAN'S TOOL SUPPLY, INC.

Principal Place of Business

1100 PARK CENTRAL BLVD., SOUTH
SUITE #1700
POMPANO BEACH FL 33064

Mailing Address

1100 PARK CENTRAL BLVD., SOUTH
SUITE #1700
POMPANO BEACH FL 33064

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

P.O. Box 936457

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33093-6457

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1992

5. FEI Number

65-0347370

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
DP	CLINGMAN, SCOTT	1055 W. CAMEO CIR.	WEST PALM BEACH FL 33417
D	CLINGMAN, DINA	1055 W CAMEO CIRCLE	WEST PALM BEACH FL

000002382590-4
12/24/97-01074-009
****165.00 ****165.00

8. Name and Address of Current Registered Agent

SCOTT CLINGMAN
1055 WEST CAMEO CIRCLE
WEST PALM BEACH FL 33417

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]

REGISTERED AGENT MUST SIGN

Date 12-15-97

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

SCOTT H.

12-15-97

521-666-1161

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**DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION**

TO WHOM IT MAY CONCERN:

On Thursday December 11 I received a NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION in the mail. This notice came as a surprise to me as I did not know I was delinquent in this matter.

I have enclosed copies of the postmark date/dates of this notice. I believe since my accountant was in the process of changing offices I was not able to rectify this error in a timely manner and I had not received other notices prior to this one.

A phone call was made on thursday December 11 to your department in order to explain this situation and as per instructions I am also writing this letter of explanation and enclosing a check for \$165.00.

Thank you for your consideration in this matter.

Sincerely,



SCOTT H. CLINGMAN
CLINGMAN'S TOOL SUPPLY