

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002218

1. Corporation Name

Countrywide Hardware, Inc.

W09000013132

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #
445 Broadhollow Road

3. Mailing Office Address
445 Broadhollow Road

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Melville, New York

City & State
Melville, New York

Zip
11746

Country

Zip
11746

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/06/2002

5. FEI Number
820542665

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/19/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| D/P/S | Richard A. Horowitz | 445 Broadhollow Road | Melville, NY 11746 |
| D/V/T | Joseph A. Molino, Jr. | 445 Broadhollow Road | Melville, NY 11746 |
| | | | |
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| | | | |
| | | | |

100146289021

10. 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 contained in Chapter 119, 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:

Joseph A. Molino, Jr.

March 18, 2009 631-694-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

m 3/20



CORPORATION SERVICE COMPANY

RECEIVED

09 MAR 20 AM 10:49

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 930069

4712939

AUTHORIZATION :

Spudleman

COST LIMIT : \$ 1208.75

ORDER DATE : March 19, 2009

ORDER TIME : 12:06 PM

ORDER NO. : 930069-005

CUSTOMER NO: 4712939

RESUBMIT

Please give original submission date as file date.

REINSTATEMENT

NAME: COUNTRYWIDE HARDWARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____