

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 27 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 317860

**1. Corporation Name**

MAX'S HARDWARE, INC.

**2. Principal Office Address - No P.O. Box #**

95 Juniper Road

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip 33021

Country USA

**3. Mailing Office Address**

P.O. Box 220456

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip 33022-0456

Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/15/67

**5. FEI Number**  
59-1292219

☐ 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

Allen Auerbach

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

95 Juniper Road

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☒ 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

*Allen Auerbach*

Date February 21, 2008

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PD     | Allen Auerbach                       | 95 Juniper Rd<br>Hollywood, FL 33021              | Hollywood, FL 33021 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

**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:

*Allen Auerbach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 21, 2008

Date

Daytime Phone #

REINSTATEMENT  
CR2E081 (12/07) 1989-2008

600118937516  
02/27/08--01030--014 \*\*3000.00

B. Mitchell FEB 27 2008