

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 FEB 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/07) 1989-2008

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 317860

1. Corporation Name
MAX'S HARDWARE, INC.

2. Principal Office Address - No P.O. Box # 95 Juniper Road		3. Mailing Office Address P.O. Box 220456	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33021	Country USA	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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Allen Auerbach	95 Juniper Rd 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* Date: February 21, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell FEB 27 2008