

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 393403

1. Corporation Name

Wilson Hart Hardware, Inc.

2. Principal Office Address - No P.O. Box #
1228 Opa Locka Blvd.

Suite, Apt. #, etc.

City & State
Opa Locka, Fl.

Zip
33054

Country
Miami Dade

3. Mailing Office Address
1228 Opa Locka Blvd.

Suite, Apt. #, etc.

City & State
Opa Locka, Fl.

Zip
33054

Country
Miami Dade

REINSTATEMENT

91-07

4. Date Incorporated or Qualified
To Do Business in Florida **1/3/1972**

5. FEI Number
59-1320352

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
Gulamali, Abdulmajid

Street Address (P.O. Box Number is Not Acceptable)
1228 Opa Locka Blvd.

Suite, Apt. #, Etc.

City
Opa Locka, Fl.

State
FL

Zip Code
33054

☒ 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

Abdul Gulamali

REGISTERED AGENT MUST SIGN

Date **8/14/07**

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
P	Gulamali, Abdulmajid	1228 Opa Locka Blvd.	Opa Locka, Fl. 33054
VP	Alibhai, Saddrudin	6911 Bamboo St.	Miami Lakes, Fl. 33014
S	Madhani, Shirin	12129 SW 2 Street	Pembroke, Pines, Fl. 33025

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:

Abdul Gulamali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/07

Date

305-233-7030

Daytime Phone #