


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2023 SEP 21 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FL 100416129451 09/21/23--01011--024 **1050.00 CR2E081 (11/10)	
DOCUMENT # 393403 1. Corporation Name Wilson Hart Hardware, Inc.					
2. Principal Office Address - No P.O. Box # 1228 Opa Locka Blvd Suite, Apt. #, etc.		3. Mailing Office Address 1228 Opa Locka Blvd Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/03/1972	
City & State Opa Locka, Florida		City & State Opa Locka, Florida		5. FEI Number 59-1320352 Applied For Not Applicable	
Zip 33054	Country USA	Zip 33054	Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Abdulmajid Gulamali					
Street Address (P.O. Box Number is Not Acceptable) 1228 Opalocka Blvd					
Suite, Apt. #, Etc.					
City Opa Locka		State FL	Zip Code 33054		
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 <i>[Signature]</i> Date 9/7/2023 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	
P	Abdulmajid Gulamali	1228 Opalocka Blvd		Opalocka, FL 33054	
V	Sadrudin Alibhai	1228 Opalocka Blvd		Opalocka, FL 33054	
S	Shirin Madhani	12129 SW 2 St		Pembroke Pines, FL 33025	
D	Zul Alibhai	13127-130 Ln N.E.		Kirkland, WA 98034	
				SEP 21 2023 M. WILLIAMS	
10. E-mail Address: whhsg@aol.com (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S. SIGNATURE: <i>[Signature]</i> Abdulmajid Gulamali 9/7/2023 (305) 681-3432 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					