

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 22 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # (426946)

1. Corporation Name

TWIN HARDWARE INC

Principal Place of Business

101 NW 57TH AVE
MIAMI FL 33126

Mailing Address

101 NW 57TH AVE
MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-02



8/21/01 90032 003-1500

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1973

5. FEI Number

59-1475360

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ESTRADA, RAMON	5741A WEST FLAGLER ST. 101 NW 57 AVE	MIAMI FL 33126
OS	ESTRADA, MARTA DELETE	5741A WEST FLAGLER ST.	MIAMI FL
SD	ANDRÉS ESTRADA S ADD S	101 NW 57 AVE	MIAMI FL 33126

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-05/03/02--01014--006

****750.00 ****750.00

8. Name and Address of Current Registered Agent

ESTRADA, RAMON
101 NW 57TH AVE
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

RAMON ESTRADA

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

101 NW 57 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/17/02

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., 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/02 305-261-2025

Daytime Phone #

CR2ED40 (8/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 27, 2002

TWIN HARDWARE INC
101 NW 57TH AVE
MIAMI, FL 33126

SUBJECT: TWIN HARDWARE INC
Ref. Number: 426946

We have received your document for TWIN HARDWARE INC and your check(s) totaling \$900.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 902A00018388