

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 1:00

DOCUMENT #

458735

1. Corporation Name

GEORGE AND CLIFF'S HARDWARE, INC.

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

1485 S. PRESCOTT AVE

3. Mailing Office Address

P.O. BOX 2143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

LARGO, FL

Zip

33756

Country

USA

Zip

33779

Country

USA

000156951900
06/09/09--01040--001 **2700.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1974

5. FEI Number
591549552

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

CYNTHIA J. PFEIFFER, ATTORNEY

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

1485 S. PRESCOTT AVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/5/09

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
PSTD	ANNABELLE HARA	5210 18TH STREET N	ST. PETERSBURG, FL 33713
D	DONNA GRABILL	6842 124TH TERRACE N.	LARGO, FL 33773

REINSTATEMENT 96-09

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:

Annabelle Hara Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annabelle Hara, Pres.

6/5/09

Date

727 447 8486

Daytime Phone #