

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 AUG 12 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

526658

HARDY CONTRACTORS, INC.

2. Principal Office Address

4495 SW 67th TERR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33314

Country

USA

Zip

Country

**REINSTATEMENT**

03-04-2h

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/1977

5. FEI Number

59-1749563

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

JACK HARDY

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

4495 SW 67th TERR #101

Suite, Apt. #, Etc.

101

City

Davie, Florida

State

FL

Zip Code

33314

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

*Jack Hardy*

REGISTERED AGENT MUST SIGN

Date

8/9/04

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	Jack Hardy	Same as Above	
S	Dorothy B. Robertson	5160 S. Univ. Dr.	Davie, FL 33328
T	Dorothy B. Robertson	" "	"

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 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:

*Jack Hardy*

Jack Hardy

8/9/2004 954-583-8945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)