

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002730

1. Corporation Name

Mid-West Wholesale Hardware

2. Principal Office Address

1250 American Way

3. Mailing Office Address

1000 N Century Ave

Suite, Apt. #, etc.
Unit 204

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Kansas City

Zip
32750

Country
USA

Zip
64120

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05-22-1997

5. FEI Number

04-3359757

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

Mike Lampros

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

1250 American Way

Suite, Apt. #, Etc.

Unit 204

City

Longwood

State

FL

Zip Code

32779

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

Michael Lampros

Date

9/25/06

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
D	Tim Robinson	100 Federal St.	Boston, MA 02110
D	Rob Nemon	100 Federal St.	Boston, MA 02110
P/D	Terry Moser	1000 N Century Ave	Kansas City, MO 64120

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:

Terry Moser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY MOSER

9-21-06

Date

816-241-0555

Daytime Phone #



2052

September 21, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Mid-West Wholesale Hardware (F97000002730)

Dear Sir or Madam:

We did not receive our annual renewal notice for the year 2004. Due to this, please waive the reinstatement fee.

We have enclosed a check in the amount of \$458.75. This includes the annual fees for 2004, 2005 and 2006 as well as the \$8.75 charge for the Certificate of Status.

Should you have any questions feel free to contact me at 816-241-0194 ext 140.

Sincerely,

A handwritten signature in black ink that reads 'Keith Pearson'.

Keith Pearson
Chief Financial Officer
Mid-West Wholesale Hardware

1000 North Century Avenue	Kansas City, MO 64120-1903	800 821 8527	fax 800 621 6581
7940 West Doe Avenue, Suite 800	Visalia, CA 93291-9220	888 707 8527	fax 888 724 6581
1250 American Way, Unit 204	Longwood, FL 32750-5410	800 659 8527	fax 800 659 6581