

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 66364

1. Corporation Name

BUDGET HARDWARE OF MIAMI, INC.

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

1644 NE. 2nd Ave.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33132

Country

DADE

3. Mailing Office Address

1909 TYLER ST.

Suite, Apt. #, etc.

603

City & State

HOLLYWOOD FLORIDA

Zip

33020

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

NORMAN BECKER

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

1909 TYLER STREET

Suite, Apt. #, Etc.

603

City

HOLLYWOOD

State

FL

Zip Code

33020

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

NORMAN BECKER

REGISTERED AGENT MUST SIGN

Date

4/25/07

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
PRES	LAWRENCE GORDICH	1909 TYLER ST #603	HOLLYWOOD, FL. 33020
MGR	NORMAN BECKER	1909 TYLER ST. #603	HOLLYWOOD, FL. 33020

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:

NORMAN BECKER NORMAN BECKER

Date

4/25/07 954-925-1900

Daytime Phone #

FILED

07 MAY -1 PM 2:59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300103196943
05/24/07--01025--013 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)