

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 MAR 21 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600095739586  
04/04/07--01028--010 \*\*500.00

REINSTATEMENT 04-07

CR2E081 (1/07)

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P0000091395</b>					
1. Corporation Name <b>INDUSTRIAL Import and Export Hardware, Inc</b>					
W07-10599					
2. Principal Office Address - No P.O. Box if <b>Jorge Hernandez</b>			3. Mailing Office Address <b>Jorge Hernandez</b>		
Data, Apt. #, etc. <b>4119 NW 135 Street</b>			Suite, Apt. #, etc. <b>4119 NW 135 Street</b>		
City & State <b>Opalocka, Florida</b>			City & State <b>Opalocka, Florida</b>		
Zip <b>33054</b>	Country <b>USA</b>	Zip <b>33054</b>	Country <b>USA</b>		
7. Name and Address of Current Registered Agent					
Name <b>Jorge Hernandez</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1000 NW 80 Court</b>					
City, Apt. #, Etc. <b>Hialeah</b>					
		State <b>FL</b>	Zip Code <b>33016</b>		
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0501, F.S.					
Signature of Registered Agent <i>[Signature]</i>				Date <b>03/17/07</b>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Jorge Hernandez	1000 NW 80 Court # 1456		Hialeah, Florida 33016	
	<i>[Signature]</i>				
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: <i>[Signature]</i> <b>Jorge Hernandez</b> 3/16/07 (305) 807-5409					
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4. Date Incorporated or Qualified To Do Business in Florida <b>09/26/2000</b>	
5. FEI Number <b>45-0462858</b>	Applies For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$2.75 Additional Fee required for a Certificate of Status	
<input type="checkbox"/> 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.	

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