

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -2 PM 1:59

DOCUMENT #

1. Corporation Name

P02000004259

DARQ HARDWARE INC.

2. Principal Office Address

525 CARSWELL AVE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

UNIT F

Suite, Apt. #, etc.

City & State

HOLLY HILL

City & State

Zip

32117

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/02

5. FEI Number

01 0562161

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

Incorp Services, Inc.

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

18450 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33179

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

John Burgess on behalf of Incorp Services, Inc.

Date 8/26/05

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
P	BRANDON R. MALTIN	831 EASTBROOK BLVD	WINTER PARK FL 32792

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: *Brandon R. Maltin* BRANDON R. MALTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2005

Date

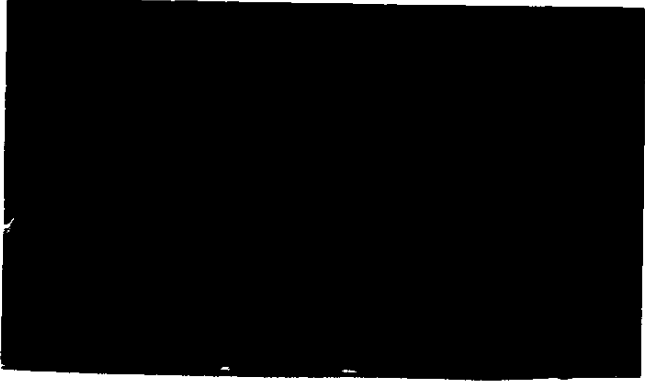
386-233-5772

Daytime Phone #

CR2E081 (01/05)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE FL 32399



DARQ HARDWARE , INC.
525 CARSWELL AVE
UNIT F
HOLLY HILL FL 32117
PH: 386-233-5772

To whom it may concern;

I was advised that when my Corp was desolved, it was done so due to not fileing the annual report. However , the forms were sent to the wrong address and returned to you. I was told that I would have a reduced rate of \$450 to reinstate. I was also told by your office to provide this note to explain the amount enclosed. Document# P02000004259

Thank you


Brandon R. Maltin