

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 PM 12:55

DOCUMENT # 802000077448

1. Corporation Name

EXCLUSIVE DOORS & HARDWARE, INC.

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

350 JIM MORAN BLVD.

Suite, Apt. #, etc.

SUITE ~~200B~~ 200B

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

USA

3. Mailing Office Address

350 JIM MORAN BLVD.

Suite, Apt. #, etc.

SUITE ~~200B~~ 200B

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/02

5. FEI Number

32-0022294

☐ 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

CHARLES USHER

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

350 JIM MORAN BLVD.

Suite, Apt. #, Etc.

SUITE 201B

City

DEERFIELD BEACH, FLORIDA

State

FL

Zip Code

33442

☐ 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.

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

Charles Usher

Date 04/28/08

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--	CHARLES USHER	523 TIVOLI TRACE CIRCLE, # 202	DEERFIELD BEACH, FL 33441
VP	WILLIAM JOHN CHANDLER	15136 64TH PLACE NORTH	LOXAHATCHEE, FL 33470

REINSTATEMENT

B 4/30/08
64-08

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04/29/08--01046--018 **1350.00

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:

CHARLES USHER

Charles Usher

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954520 5536