

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119265

1. Corporation Name

HARDCORE MACHINE, INC.

Principal Place of Business

Mailing Address

2595 NW 37 STREET  
BAY 5  
MIAMI FL 33142

2595 NW 37 STREET  
BAY 5  
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

07

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/2002

5. FEI Number

56-2302200

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	METZLER, GREGG	2595 NW 37 STREET #5	MIAMI FL 33142

800024253308  
10/29/03--01053--017 \*\*150.00

8. Name and Address of Current Registered Agent

METZLER, GREGG  
2595 NW 37 STREET  
BAY 5  
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/26/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

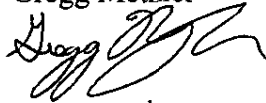
10/20/03

CR2E040 (7/03)

To whom it may concern,

This is the first year of our corporation and we have never received any UBR notices. If so I would have sent the report immediately. We can't afford to pay any late fee's. Enclosed is a check for the reinstatement fee of \$150, the signed report and this letter. Please help us in this matter. We will be sure to call if we do not receive the report next year.

Thank you,  
Gregg Metzler

  
President