

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 27 PH 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000126858**

1. Corporation Name

**SEQUOIA HARDWARE, INC.**

Principal Place of Business

Mailing Address

5500 MILITARY TRAIL  
SUITE 22-103  
JUPITER FL 33458

5500 MILITARY TRAIL  
SUITE 22-103  
JUPITER FL 33458

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 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	WANG, ADAM	5500 MILITARY TRAIL #22-103	JUPITER FL 33458
D	WANG, ADAM	5500 MILITARY TRAIL #22-103	JUPITER FL 33458

000024172360

10/27/03--01101--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WANG, ADAM  
5500 MILITARY TRAIL  
SUITE 22-103  
JUPITER FL 33458

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

*Adam Wang*

REGISTERED AGENT MUST SIGN

Date

10/22/03

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:

*Adam Wang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 561-6919976

CH2ED40 (7/03)

Sequoia Hardware, Inc.

5500 Military Trail

Suite# 22-103

Jupiter FL 33458

10/22/03

Florida Dept. of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

To whom it may concern,

Prior to this dissolution notice we had not received any notification of the filing needed. Please try to excuse our ignorance for we are a start up company with little experience in knowing the filings needed for the state. We will be sure not to let anything happen again like this. Enclosed is a check for 150.00 for the filing fee and would greatly appreciate your understanding in this matter.

Best Regards,

*Adam Wang*

Adam Wang