## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000040198

Entity Name: HARDWARE AND LAMINATES DISTRIBUTORS. INC

FILED Jan 19, 2007 Secretary of State

y		7 ((E 7 ((G) E 7 (()))) (7 () E 0 D) (7 ()	1001010, 1140.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
7885 WEST 20TH AVENUE HIALEAH, FL 33016			46	7885 WEST 20TH AVENUE 46 HIALEAH, FL 33016	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
7885 WEST 20TH AVENUE HIALEAH, FL 33016			7885 WEST 20TH AVENUE 46 HIALEAH, FL 33016		
FEI Number:	: 20-2532544	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
FERNANDEZ, MARTA 7885 WEST 20TH AVENUE HIALEAH, FL 33016 US			7885 WEST 20TH 46	FERNANDEZ, MARTA 7885 WEST 20TH AVENUE 46 HIALEAH, FL 33016 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: MARTA FERNANDEZ				01/19/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( FERNANDEZ, 7885 WEST 2 HIALEAH, FL	OTH AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FERNANDEZ,	0TH AVENUE #46	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( DIAZ, OSCAR 7885 WEST 2 HIALEAH, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	SD (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTA FERNANDEZ PD 01/19/2007

FERNANDEZ, ÉDUARDO J

7880 WEST 20 AVE., #46

HIALEAH, FL 33016

Name:

Address:

City-St-Zip: