PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -3 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037607

Corporation Name

HARDWELL COMPUTER, INC.
8060 N.W. 71ST. STREET,
MIAMI, FL 33166

REINSTATEMENT 2000

Principal Office Address		3. Mailing Office Address	
8060 N.W. 71ST., STREET,		8060 N.W. 71ST. STREET,	
Apt. #, etc.		Suite, Apt. #, etc.	
State		City & State	
MIAMI, FL.		MIAMI, FL.	
33166	Country USA	Zip 33166	Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/01/96

5. FEI Number: 65-0731198 ☐ 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
MAJED KHALIL

600003463426--5
-11/14/00--01033--008
****758.75 ****758.75

Street Address (P.O. Box Number is Not Acceptable)
8060 N.W. 71ST., STREET,

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI,	FL	33166

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.

Majed Khalil
REGISTERED AGENT MUST SIGN

Date _____

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/D	MAJED KHALIL	8060 N.W. 71ST., STREET,	MIAMI, FL 33166
S/D	MAJED KHALIL	8060 N.W. 71ST., STREET,	MIAMI, FL 33166
			LS

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: Majed Khalil MAJED KHALIL 305-471-9843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #