

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 NOV -7 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037607

1. Corporation Name

Hardwell Computer, Inc.
8013 NW 66th ST
MIAMI FL 33166

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

400004685454--9
-11/16/01--01060--010
****750.00 ****750.00

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

5-01-96

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

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

8013 NW 71 ST

Suite, Apt. #, Etc.

MIAMI FL 33166

City

State
FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-01-2001

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
<u>P/D</u>	<u>MAJED KHALIL</u>	<u>8013 NW 66 ST</u>	<u>MIAMI FL 33166</u>
<u>S/T/D</u>	<u>MAJED KHALIL</u>	<u>8013 NW 66 ST</u>	<u>MIAMI FL 33166</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-499-9553
11-01-2001