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APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P97000007949

Systems Hardware (Florida) Inc.
2789 NW 82nd Avenue
Miami, FL 33122

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address REINSTATEMENT 98

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6.
01-27-1997	~~65-070936~~ 65-072093C	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TSAI, Sue	2789 NW82nd Avenue	Miami, FL 33122
D	Hemani, Karim	2789 NW 82nd Avenue	Miami, FL 33122
D	Hemani, Laila	2789 N.W. 82nd Avenue	Miami, FL 33122
			900002706629--0
			-12/08/98--01083--003
			****758.75 ****758.75
			12/8

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: Karim Hemani

Street Address (Do NOT Use P.O. Box Number): 2789 NW 82nd Avenue

Street Address (Do NOT Use P.O. Box Number)

City: Miami State: FL Zip: 33122

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.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 11-27-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 11/27/98 Daytime Phone # (305) 436-0440

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