

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 27 AM 11:16

DOCUMENT # P98000015398

1. Corporation Name

American Contract Hardware

2. Principal Office Address

36 S.W. 9th Street

Suite, Apt. #, etc.

Bay 3

City & State

Deerfield Beach, FL

Zip

33441

Country

Broward

3. Mailing Office Address

36 S.W. 9th Street

Suite, Apt. #, etc.

Bay 3

City & State

Deerfield Beach, FL

Zip

33441

Country

Broward

REINSTATEMENT 0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/16/98

SP

5. FEI Number

650814299

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

Chuck Usher

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

36 S.W. 9th Street

Suite, Apt. #, Etc.

Bay 3

City

Deerfield Beach

State

FL

Zip Code

33441

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

Chuck Usher

REGISTERED AGENT MUST SIGN

Date

8/22/01

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
V.P.	Chuck Usher	36 S.W. 9th Street #3 Deerfield Beach, FL 33441	Deerfield Beach, FL 33441

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:

Chuck Usher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-426-9107

Daytime Phone #

CR2E081 (9/00)