

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 29 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR

01-02

DOCUMENT # P98000068474

1. Corporation Name

HARDWARE WORLD PRODUCTIONS INC

2. Principal Office Address

1725 AVENIDA DEL SOL

Suite, Apt. #, etc.

3. Mailing Office Address

1725 AVENIDA DEL SOL

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

Country

33432

City & State

BOCA RATON

Zip

Country

33432

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0859021

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

TODD GREENHOUSE

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

5188 DEERHURST CRESCENT CIR

Suite, Apt. #, Etc.

900005501189-5

-05/09/02--01072--081

****308.75 ****308.75

City

BOCA RATON

State

FL

Zip Code

33486

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|-----------------------|
| DP | GREENHOUSE, TODD | 5188 DEERHURST CRESCENT CIR | BOCA RATON, FL. 33486 |
| DST | GREENHOUSE, CAROLINE | 5188 DEERHURST CRESCENT CIR | BOCA RATON, FL. 33486 |
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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 #

CR2E081 (9/00)