

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
00 OCT 30 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V14712**

1. Corporation Name
TWENTY NINE LUMBER & HARDWARE CORP.

Principal Place of Business	Mailing Address
728 NW 29TH ST. MIAMI FL 33127 US	728 NW 29TH ST. MIAMI FL 33127 US



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/17/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0316557	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
PTD	ORIOI, PAVON	2901 S.W. 104 CT.	MIAMI FL

100003472571--2
-11/21/00--01052--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PINO, RAUL F. ESQUIRE
2440 CORAL WAY
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name **ALFREDO ALOM**
Street Address (P.O. Box Number is Not Acceptable)
600 NW 43-CT
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33126**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/20/00

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/2000

Daytime Phone #

KE

CR2E040 (8/00)