FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUL -6 PM 1:32

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P93000038100

REINSTATEMENT 99-01

1. Corporation Name
Wholesale Marketing Alliance, Inc.

2. Principal Office Address	3. Mailing Office Address
8125 NW 54th St	8125 NW 54th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5-26-93 SP

5. FEI Number: 65-0432333 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mark Richard, Esquire

Street Address (P.O. Box Number is Not Acceptable): 6950 N. Kendall Drive

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33156

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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: Mark Richard MARK Richard Date: 7/1/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	Harris, David	6630 So. Ash Ave.	Tempe, AZ 85283
V	DeVries, Gregg	North 118 Lee St.	Spokane, WA 99202
S	Barocas, Mark	8125 NW 54th St.	Miami, FL 33166
T	Dwyer, Jim	25 Stickle Ave.	Rockaway, NJ 07866

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: David C Harris Mark Barocas, SECRETARY MARK BAROCAS 6/29/01 303-450-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #