

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

**APPLICATION  
FOR  
REINSTATEMENT**



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

*2000 UBL*

FILED

00 NOV 16 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001708

1. Corporation Name

COMO WHOLESALE, INC.

Principal Place of Business

11601 W Main St  
61 NORTH FLORIDA AVENUE  
INVERNESS FL 34453

Mailing Address

11601 W Main St  
61 NORTH FLORIDA AVENUE  
INVERNESS FL 34453



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/05/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3292166	
				Applied For	
				Not Applicable	
				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
D	COMO, RICHARD	61 NORTH FLORIDA AVENUE	INVERNESS FL 34453

400003496824--4  
12/12/00 01039 016  
\*\*\*\*150.00 \*\*\*\*150.00

*RG*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMO, RICHARD 61 NORTH FLORIDA AVENUE INVERNESS FL 34453		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 *Rich Como* Date *11/14/00*

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 *11/14/00* Daytime Phone # *352-344-1411*

CR2E043 (8/00)

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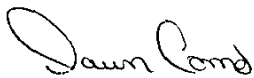
November 14, 2000

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6323

To Whom It May Concern:

Enclosed is our annual renewal fee. We have recently moved and never received the report that you've sent. Please consider waiving the reinstatement fee. Our new address is 1601 W. Main St. Inverness, FL 34450.

Sincerely,



Dawn Como