

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 1:32

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P930000038100</u>			
1. Corporation Name <u>Wholesale Marketing Alliance, Inc.</u>			
2. Principal Office Address <u>8125 NW 54th St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>8125 NW 54th St.</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33166</u>	Country	Zip <u>33166</u>	Country

REINSTATEMENT P9-01

4. Date Incorporated or Qualified To Do Business in Florida: <u>5-26-93</u>		Applied For ☒ Not Applicable
5. FEI Number <u>65-0432333</u>		Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐		\$2.75 An Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <u>Mark Richard Esquire</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6950 N. Kendall Drive</u>	
Suite, Apt. #, Etc.	
City <u>Miami</u>	State <u>FL</u>
Zip Code <u>33156</u>	

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

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
U	DeVries, Gregg	North 118 Lee St.	Spokane, WA 99202
S	Barocas, Mark	8125 NW 54th St.	Miami, FL 33166
I	Dwyer, Jim	25 Stickle Ave.	Reckaway, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCEB81 (9/00)