

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: 24pt;">FILED</p> <p style="text-align: center;">98 NOV 20 PM 4:41</p>																																	
<p>Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p>																																			
<p>1. Name and Mailing Address of Corporation: DOCUMENT # 368896 Broward Dade Wholesale Corporation 621 71 Street P.O. Box 414258 Miami Beach, Florida 33141</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida 08/26/1970</p>	<p>5. FEI Number 59-1349460</p>	<p>FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p>	<p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>																																
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>VC/S/D</td> <td>Lloyd L. Ruskin</td> <td>621 71 Street</td> <td>Miami Beach, FL 33141</td> </tr> <tr> <td>C/P/D</td> <td>William Multack</td> <td>621 71 Street</td> <td>Miami Beach, FL 33141</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	VC/S/D	Lloyd L. Ruskin	621 71 Street	Miami Beach, FL 33141	C/P/D	William Multack	621 71 Street	Miami Beach, FL 33141																
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<p style="text-align: center; font-size: 24pt; font-weight: bold;">REINSTATEMENT</p>		<p style="text-align: right;">300002693103-7</p>																																	
<p style="text-align: center; background-color: black; color: white; font-weight: bold;">REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p> <p>Lloyd L. Ruskin 621 71 Street P.O. Box 414258 Miami Beach, Florida 33141</p>		<p>9. If changed, new registered agent / office</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City _____ State <u>FL</u> Zip _____</p>																																	
<p>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.</p> <p>Signature of Registered Agent <u>Lloyd L. Ruskin</u> Date <u>11/19/98</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director <u>Lloyd L. Ruskin</u> Date <u>11/19/98</u> Daytime Phone # <u>305/865-4482</u></p> <p>Typed or printed name of signing officer or director <u>Lloyd L. Ruskin, Secretary</u></p>																																			



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 040039 4303929

AUTHORIZATION :

COST LIMIT : \$ 750.00

Patricia Payto

ORDER DATE : November 20, 1998

ORDER TIME : 4:15 PM

ORDER NO. : 040039-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Yolanda Rodriguez
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

RECEIVED

98 NOV 20 PM 4:19

CLERK OF COURT
JUDICIAL CIRCUIT IN
TALLAHASSEE

DOMESTIC FILINGS

NAME: BROWARD DADE WHOLESALE
CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

EXAMINER'S INITIALS _____