PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 11 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04822

1. Corporation Name
Nino Wholesale Inc.

Principal Place of Business / Mailing Address
2201 S.W. 31st Ave
Pembroke Park, Fl. 33009

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

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2201 SW 31st Ave	2201 S.W 31st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Park Fl	City & State: Pembroke Park, Fl
Zip: 33009 Country: U.S.A.	Zip: 33009 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1980

5. FEI Number: 59-2049709 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Anthony C. DiFede.	2920 Hidden Hollow Lane	Davie, Fl. 33328
V. Pres.	Antonio L. DiFede	3104 Peachtree Cir.	Davie, Fl. 33328
V. Pres.	Ricki Whitson	530 N. Rainbow Dr.	Hollywood Fl. 33021
V. Pres	Lucia Whitson	530 N. Rainbow Dr.	Hollywood Fl. 33021
Sec/ Treas.	Maria DiFede	3104 Peachtree Cir.	Davie, Fl. 33328

8. Name and Address of Current Registered Agent

Anthony C. DiFede
2920 Hidden Hollow Lane
Davie, Fl. 33328

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State: FL Zip Code

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***1058.75 ***1058.75

CP2E040 (1-98)

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: Anthony C. DiFede Date: 7/30/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Anthony C. DiFede 7/30/98 (954) 981-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #