

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

1997 FEB 10 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H96059

1. Corporation Name
KOLONIA WHOLESALE, INC.

Principal Place of Business
5109 North 47th Street
Tampa, FL 33610

Mailing Address

~~same~~ P.O BOX 310748
TAMPA FL
33680-0748

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 01/02/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2648262

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
P/S/T/D	Edith Luna	5109 North 47th Street	Tampa, FL 33610
			300002084263--6
			02/11/97-01158-014
			***1418.75 ***1418.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Pedro Ramos
5109 North 47th Street
Tampa, FL 33610

9. Name and Address of New Registered Agent

Name
Edith Luna
Street Address (P.O. Box Number is Not Acceptable)
5109 North 47th Street
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33610

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.

Signature of
Registered Agent

Edith Luna

REGISTERED AGENT MUST SIGN

Date 2/3/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.

SIGNATURE: Edith Luna EDITH LUNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

(813) 622-7913
Daytime Phone #

CR20040 (1/95)