

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 AUG 18 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K02427

**1. Corporation Name**

DAMASO WHOLESALE INC

W-0000001944da

**2. Principal Office Address**

226 WEST 22 STREET

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip  
33010

Country  
USA

**3. Mailing Office Address**

226 WEST 22 STREET

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip  
33010

Country  
USA

**REINSTATEMENT** 98-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-13-1987

**5. FEI Number**

65-0020382

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAMASO SALCEDO

Street Address (P.O. Box Number is Not Acceptable)

5985 WEST 12 LANE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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**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

*Damaso Salcedo*

Date

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
PST D	SALCEDO, DAMASO	5985 WEST 12 LANE	HIALEAH FL 33012
V P	SALCEDO, IRAIDA	5985 WEST 12 LANE	HIALEAH FL 33012
			LS

**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:**

*Damaso Salcedo*

DAMASO SALCEDO PST D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 885-7965

Daytime Phone #

CR2E081 (9/99)