

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG -9 AM 8:46

DOCUMENT # K02427

1. Corporation Name

DAMASO WHOLESALE FNC

2. Principal Office Address

226 W 22 Street

Suite, Apt. #, etc.

City & State

HIALAH FL

Zip

33010

Country

3. Mailing Office Address

226 W 22 St

Suite, Apt. #, etc.

City & State

HIALAH FL

Zip

33010

Country

100007113651--8

-08/14/02--01067--019

****308.75 ****308.75

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-87

5. FEI Number

65-0020382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

SALCEDO DAMASO

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

5985 W 12 LANE

Suite, Apt. #, Etc.

City

HIALAH

State

FL

Zip Code

33012

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
PSTO	DAMASO SALCEDO 5985 W 22 St	5985 W 12 LANE	HIALAH FL 33012
VP	SALCEDO INAIDA	5985 W 12 LANE	HIALAH FL 33012

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/2002

Date

(305) 885-2951

Daytime Phone #