

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 26 PM 3:25

DOCUMENT # K02427

1. Corporation Name

DAMASO WHOLESALE INC.

2. Principal Office Address

226 West 22 Street

Suite, Apt. #, etc.

City & State

HIALEAH

Zip

33010

Country

USA

3. Mailing Office Address

226 West 22 Street

Suite, Apt. #, etc.

City & State

HIALEAH

Zip

33010

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

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

SALCEDO, Eduardo

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

226 West 22 Street

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

REGISTERED AGENT MUST SIGN

Date January 14, 2003

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
DPST	SALCEDO, Eduardo	779 East 27 Street	HIALEAH, FLORIDA 33013
VP	SALCEDO, Iraida	5985 West 12th Lane	HIALEAH, FLORIDA 33012
D	SALCEDO, Damaso	5985 West 12th Lane	HIALEAH, FLORIDA 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:

Eduardo Salcedo, President 01/14/2004 (305) 885-2951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)