

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L12747

1. Corporation Name **GREAT DISCOUNT WHOLESALERS, INC.**

FILED

99 MAR -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13931 N.W. 27th AVE.
OPA LOCKA, FL. 33054

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

2. New Principal Office Address, If Applicable

13931 N.W. 27th AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16562 N.W. 83rd PLACE
Suite, Apt. #, etc.

City & State

OPA LOCKA, FL.

City & State

MIAMI, FL.

Zip

33054 DADE/USA

Zip

33016

Country

DADE/USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/89

5. FEI Number

65-0200185

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
PD	LOPEZ, GUILLERMO	16562 N.W. 83rd PLACE MIAMI, FL. 33016	
SD	LOPEZ, LEONIDES	8251 N.W. 165 TERR MIAMI, FL. 33016	
			200002806572- - 8 -03/15/99 -01144--003 ****900.00 ****900.00
V	LOPEZ, ALINA	16562 N.W. 83rd PLACE MIAMI, FL. 33016	
T	LOPEZ, ANA	8251 N.W. 165 TERR MIAMI, FL. 33016	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name GUILLERMO LOPEZ
Street Address (P.O. Box Number is Not Acceptable)
16562 N.W. 83rd PLACE
Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33016

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

RS. 3/9/99
REINSTATEMENT 98-99
[Signature]
REGISTERED AGENT MUST SIGN

Date

3/2/99

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)(b), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GUILLERMO LOPEZ, PRESIDENT

3/2/99

Date

(305) 827-7984

Daytime Phone #