Pg 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
01 JAN 16 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation DOCUMENT # L12747

GREAT DISCOUNT WHOLESELLERS, INC.
16562 N.W. 83rd PLACE
Miami, FL 33016

2. If Address in Block 1 is incorrect in any way enter the correct address below. The NAME of the corporation can be changed, by filing an amendment

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
8/31/1989	65-0200185	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and or Director

Title	2. Name of Officers and or Directors	3. Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4. City and State
PD	Guillermo Lopez	16562 NW 83rd Place	Miami, FL 33016
SD	Leonides Lopez	16562 N.W. 83rd Place	Miami, FL 33016

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Guillermo Lopez
16562 NW 83rd Place
Miami, FL 33016

8. Name and Address of New Registered Agent and or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9. 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 Guillermo Lopez Date 1/16/2001
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

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 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 of Officer or Director Guillermo Lopez Date 1/16/2001 Daytime Phone (305) 5658181

Typed or printed name of signing officer or director

Florida Department of State

Division of Corporations

Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305)372-1350
Fax Number : (305)372-1352

CORPORATION REINSTATEMENT

GREAT DISCOUNT WHOLESELLERS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75