


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 28490 <small>1. Corporation Name</small> RANDY'S WHOLESALE INC			
<small>2. Principal Office Address</small> 1930 N. US HWY 301 <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Office Address</small> 1930 N US HWY 301 <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> TAMPA FL 33619		<small>City & State</small> TAMPA FL	
<small>Zip</small> 33619	<small>Country</small> USA	<small>Zip</small> 33619	
		<small>Country</small> U.S.A	
		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 11/9/1989	
		<small>5. FEI Number</small> 59-3027718	
		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> NANCY J SANNEY			
<small>Street Address (P.O. Box Number is Not Acceptable)</small>			
<small>Suite, Apt. #, Etc.</small> 9613 BIRNAMWOOD ST			
<small>City</small> RIVERVIEW		<small>State</small> FL <small>Zip Code</small> 33569	
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.			
<small>Signature of Registered Agent</small> <u>Nancy J Sanney</u>		<small>Date</small> 3/23/05	
<small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
PD	RANDY SANNEY	9613 BIRNAMWOOD ST	RIVERVIEW FL 33569
VD	NANCY J SANNEY	9613 BIRNAMWOOD ST	RIVERVIEW FL 33569
900049646659 04/01/05--01007--018 **2100.00			
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: <u>Randy Sanney</u>		3/23/05 (813) 623-5095	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	

FILED
05 MAR 24 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-D5

CR2E081 (01/05)

7 DIRECTORS MAR 30 2005