

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 16 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000044396

**1. Corporation Name**

Resources Warehouse Miami, Inc.

**2. Principal Office Address - No P.O. Box #**

1590 N.W. 82nd Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 1067

Suite, Apt. #, etc.

**City & State**

Miami, FL 33126

**City & State**

Secaucus, NJ 07096

**Zip**

33126

**Country**

United States

**Zip**

07096

**Country**

United States

700162942937  
11/19/09--01002--006 \*\*450.00

CR2E081 (12/08)

**REINSTATEMENT**

Date incorporated or qualified  
To Do Business in Florida

May 1, 2000

**5. FEI Number**

22-3730525

☐ 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 **ROBERT SANTAMARIA**

Street Address (P.O. Box Number is Not Acceptable)  
**684 SAND CREEK CIR**

Suite, Apt. #, Etc.

City **WESTON**

State

**FL**

Zip Code

**33327**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 **11/9/09**

**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
D	David Morgan	1 Goodwill Place	Metuchen, NJ 08840
P	Frank V. Folise	48 Seminary Drive	Mahwah, NJ 07430
TS	Craig Folise	200 Riverside Blvd., Apt. 17A, New York, NY 10069	
D	Robert Santamaria	684 Sand Creek Circle	Weston, FL 33327

**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 contained in Chapter 119, 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:**

*Craig Folise*

Craig Folise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/09

Date

201-348-6300

Daytime Phone #