

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 10 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000044436**

1. Corporation Name

J.Perez Wholesalers, Inc.

2. Principal Office Address

308 S. 20th Street

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip  
34744

Country  
U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/00

5. FEI Number

593655017

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

Olga Rodriguez Sanchez

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

308 S. 20th St.

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

34744

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

03/24/06

Date

REGISTERED AGENT MUST SIGN

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
P	Olga Rodriguez	308 S. 20th Street	Haines City, FL 34744
T	William Garcia	308 S. 20th Street	Haines City, FL 34744
S	Olga Rodriguez	308 S. 20th Street	Haines City, FL 34744

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Olga Rodriguez

03/24/06

Date

407.852.1148

Daytime Phone #