

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000050541

FILED
Sep 20, 2007
Secretary of State

Entity Name: TREASURE COAST WHOLESALE, INC.

Current Principal Place of Business:

6443 NW HALIBUT STREET
PORT ST LUCIE, FL 34986

New Principal Place of Business:

582 NW CORNELL AVE
PORT ST LUCIE, FL 34983

Current Mailing Address:

6443 NW HALIBUT STREET
PORT ST LUCIE, FL 34986

New Mailing Address:

P.O. BOX 882198
PORT ST LUCIE, FL 34988

FEI Number: 65-1022710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NRAI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAUNG, NAYWIN
Address: 6443 NW HALIBUT STREET
City-St-Zip: PORT ST LUCIE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAUNG, NAYWIN
Address: 582 NW CORNELL AVE
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAYWIN MAUNG

PD

09/20/2007

Electronic Signature of Signing Officer or Director

Date