

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000050795

1. Corporation Name

MY PRICE WHOLESALE, INC.

Principal Place of Business

19925 NORTHEAST 39TH PLACE
SUITE 502-S
AVENTURA FL 33180

Mailing Address

19925 NORTHEAST 39TH PLACE
SUITE 502-S
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
19925 NE 39TH PLACE

Suite, Apt. #, etc.

City & State

Zip 33180-3090

Country

3. New Mailing Office Address, If Applicable
19925 NE 39TH PLACE

Suite, Apt. #, etc.

City & State

Zip 33180-3090

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2000

5. FEI Number

65-1023601

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CASTLE, GEORGE	19925 NORTHEAST 39TH PLACE SUITE	AVENTURA FL 33180
D	WAUGH-CASTLE, ROBIN	19925 NORTHEAST 39TH PLACE SUITE	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

CASTLE, GEORGE
19925 NORTHEAST 39TH PLACE
SUITE 502-S
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

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

19925 NE 39TH PLACE

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33180-3090

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02

CR2040 (8/02)

MY PRICE WHOLESALE, INC.
19925 NE 39TH PLACE
AVENTURA, FL 33180-3090

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30 OCTOBER 2002


DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR "DEPARTMENT OF STATE",

I AM ENCLOSING THE APPLICATION FOR REINSTATEMENT FOR THE CORPORATION LISTED ABOVE. I HAVE AMENDED THE ADDRESS SO THAT, HOPEFULLY, THE FORMS WILL REACH ME. I NEVER RECEIVED EITHER PREVIOUS FORM WHICH I AM SURE WAS MAILED. PERHAPS THE SPELLED-OUT "NORTHEAST" CONFUSED THE POSTAL SERVICE, BUT I CAN HONESTLY SAY THAT THE FORMS WERE NEVER RECEIVED. I ALWAYS PAY TIMELY AND WAS QUITE EMBARRASSED BY THE NOTICE.

I AM ENCLOSING A CHECK FOR \$150 AS PER THE INSTRUCTIONS GIVEN ME WHEN I CALLED THE OFFICE. THANK YOU FOR YOUR UNDERSTANDING.

SINCERELY,


GEORGE CASTLE, DIRECTOR