

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 30 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Do1000097042

1. Corporation Name

Nationwide Wholesalers, Inc

2. Principal Office Address

1710 NE 48th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1643

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33460

Country

Broward

City & State

Fort Raton FL

Zip

33469

Country

Palm Beach

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

2-7-2002

90013 024

1500

5. FEI Number

05-1146-028

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

Bruce Henry Groat

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

3480 Canal Ct

Suite, Apt. #, Etc.

City

Jupiter FL 33

State

FL

Zip Code

33469

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/24/03

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
<u>Pres</u>	<u>Bruce H. Groat</u>	<u>3480 Canal Ct</u>	<u>Jupiter FL 33469</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/03

Daytime Phone #

CR2E081 (9/01)