

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 10 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000101859

1. Corporation Name

Alliance Wholesale, Inc

2. Principal Office Address

2112 Main Street

Suite, Apt. #, etc.

3. Mailing Office Address

2112 Main Street

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

600012781126

02/19/03--01022--023 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2001

5. FEI Number

593750753

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

Spiegel & Utrera P.A.

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

1840 SW 22nd St.

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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 2/5/03

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
PTD	Alexander D. Rosh	2112 Main Street	Dunedin FL 34698
SVD	Abdessamad Rochdi	2112 Main Street	Dunedin FL 34698

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]*

Alexander D. Rosh 2/6/03 727-733-1754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

js 2/14

February 5, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref: Document #P01000101859  
Alliance Wholesale, Inc.

To Whom It May Concern:

We are respectively requesting that the reinstatement fee be waived. Our mail was not forwarded to our new address. It was either kept by the current tenants at the old address or the post office did not forward the documents. Thank you for your consideration in this matter.

I have enclosed a check for \$300.00 for the filing fee for 2002 and 2003.

If you have questions or need additional information please do not hesitate to contact me at 727-733-1754 office or 727-647-4442 cell.

Sincerely,

A handwritten signature in black ink that reads "Alex Rosh". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Alexander D. Rosh  
President