

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000011620

1. Corporation Name

Wholethesale.com INC

2. Principal Office Address

5005 Wiles Road

Suite, Apt. #, etc.

Suite 206

City & State

Coconut Creek, Florida

Zip
33073

Country
USA

3. Mailing Office Address

5005 Wiles Road Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Coconut Creek, Florida

Zip
33073

Country
USA

REINSTATEMENT 04-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/30/03

5. EEL Number

57-1147561

☒ 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

Dwayne Johnson

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

5005 Wiles Road

Suite, Apt. #, Etc.

Suite 206

City

Coconut Creek

State
FL

Zip Code
33073

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

REGISTERED AGENT MUST SIGN

Date 02/01/06

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
CEO	Dwayne Johnson	5005 Wiles Road Suite 206	Coconut Creek, Florida 33073
SALES	Alonzo Johnson	1591 Ripley Run Suite 10	Wellington, Florida 33414

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

02/01/06

Date

561.807.3607

Daytime Phone #