

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

WHOLETHESALE.COM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

\$450-
penalty
waived


Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 11 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000011620

1. Corporation Name

WHOLETHESALE.COM, INC.

REINSTATEMENT 07-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 5379 Lyons Road		3. Mailing Office Address 5379 Lyons Road	
Suite, Apt. #, etc. Suite 121		Suite, Apt. #, etc. Suite 121	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33073	Country USA	Zip 33073	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	01/30/2008
5. FEI Number	57-1147561
Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$6.75 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)
5379 Lyons Road

Suite, Apt. #, Etc.
Suite 121

City
Coconut Creek

State
FL

Zip Code
33073

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: *V. Hawk*
DWAYNE JOHNSON, By V. Hawk as atty-in-fact Date 5/8/09
REGISTERED AGENT MUST SIGN

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	5379 Lyons Road, Suite 121	Coconut Creek, FL 33073
S	ALONZO SALES JOHNSON	1591 RIPLEY RUN SUITE 10	Wellington, FL 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: *V. Hawk*
DWAYNE JOHNSON, CEO, By V. Hawk as atty-in-fact 5/8/09 561-694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

205/11