

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 APR 24 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3 000 057636

1. Corporation Name
S.A. & SON WHOLESALERS, INC.

2. Principal Office Address - No P.O. Box # <u>13270 SW 58 TERR</u>		3. Mailing Office Address <u>PO BOX 654231</u>	
Suite, Apt. #, etc. <u>Apto 4</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33183</u>	Country <u>US</u>	Zip <u>33265</u>	Country

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 5/27/2003

5. FEI Number 20-4997704 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 Alexis Duque

Street Address (P.O. Box Number is Not Acceptable)
13270 SW 58 TERR

Suite, Apt. #, Etc.

City Miami, FL State FL Zip Code 33183

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: [Signature] Date _____

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
<u>P</u>	<u>ALEXIS DUQUE</u>	<u>13270 SW 58 TE</u>	<u>MIAMI, FL 33183</u>
		<u>#4</u>	

REINSTATEMENT APR 24 2012

R. HUNT

10. I certify that I am an officer or director of 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Date Daytime Phone # (786) 539-6948