

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000064363

1. Corporation Name

**EXECUTIVE WHOLESALERS, INC.****FILED**

07 FEB 12 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800088908678

02/21/07--01030--019 \*\*450.00

**REINSTATEMENT 05-07**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

**6736 RED REEF ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**6736 RED REEF ST**

Suite, Apt. #, etc.

City &amp; State

**LAKE WORTH, FL**

City &amp; State

**LAKE WORTH, FL**

Zip

**33467**

Country

**US**

Zip

**33467**

Country

**US**4. Date Incorporated or Qualified  
To Do Business in Florida**06/09/2003**

5. FEI Number

**56-2367534**

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

**JUAN C DEL CARPIO**

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

**6736 RED REEF ST**

Suite, Apt. #, Etc.

City

**LAKE WORTH,**

State

**FL**

Zip Code

**33467**

☐ 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

REGISTERED AGENT MUST SIGN

Date **02/07/2007****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
D	JUAN C DEL CARPIO	6736 RED REEF ST	LAKE WORTH, FL 33467

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

DIRECTOR

02/07/2007

Date

Daytime Phone #

2C 2/14

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**C.R. COOPER, CPA, PA**  
1495 FOREST HILL BLVD STE B  
WEST PALM BEACH, FLORIDA 33406

American Institute of  
Certified Public Accountants

Florida Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008  
FAX (561) 433-3596  
CRCOOPER@CRCCPA.COM  
WWW.CRCCPA.COM

February 7, 2007

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

Taxpayer: EXECUTIVE WHOLESALERS, INC  
FEIN: 56-2367534  
Document #: P03000064363  
Tax Form: UBR  
Tax Period: 2005, 2006, 2007

To Whom It May Concern:

We have enclosed check # 391 in the amount of \$450.00 for the 2007 Corporate Reinstatement of EXECUTIVE WHOLESALERS, INC., Document # P03000064363.

Please abate the late filing penalty. Mr. Del Carpio did not receive the original Annual Reports and did not intentionally avoid the filings.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

bk

**IRS CIRCULAR 230 DISCLAIMER:** TO ENSURE COMPLIANCE WITH REQUIREMENTS IMPOSED BY THE IRS, WE INFORM YOU THAT ANY U.S. TAX ADVICE CONTAINED IN THIS COMMUNICATION (INCLUDING ATTACHMENTS), UNLESS OTHERWISE SPECIFICALLY STATED, WAS NOT WRITTEN TO BE USED AND CANNOT BE USED FOR THE PURPOSE OF (1) AVOIDING ANY PENALTIES UNDER THE INTERNAL REVENUE CODE OR (2) PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY TAX-RELATED MATTERS ADDRESSED HEREIN.