

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000093853

1. Entity Name  
NEW YORK WHOLESALE DISTRIBUTOR, CORP.



Principal Place of Business  
6886 NW 35TH AVENUE  
MIAMI, FL 33147

Mailing Address  
6886 NW 35TH AVENUE  
MIAMI, FL 33147

2. Principal Place of Business  
5501 NW 74th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
5501 NW 74th Ave  
Suite, Apt. #, etc.

City & State  
Miami Florida  
Zip Country  
33166 US

City & State  
Miami Florida  
Zip Country  
33166 US



4. FEI Number  
57-1183691

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VALENCIA, ALEJANDRO  
6886 NW 35TH AVENUE  
MIAMI, FL 33147

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME VALENCIA, ALEJANDRO ☐ Delete  
STREET ADDRESS 6886 NW 35TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Valencia, Alejandro  
STREET ADDRESS 5501 NW 74th Ave  
CITY-ST-ZIP Miami, FL 33166

TITLE ☐ Change ☐ Addition  
NAME 100055329151  
STREET ADDRESS 05/25/05--01038--020  
CITY-ST-ZIP \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 3058883363