PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

]	FILED		
	RPORATION INSTATEMENT	Secreta	RTMENT OF STATE ry of State corporations		B JAN 31 PM 1:17 ECKE PARTI OF STATE		
DOCUMENT # P03000116710 1. Corporation Name				TA	LLAHASSEE, FLORIDA		
FIVE STAR WHOLESALE, INC.				j			
2. Principal Office Address - No P.O. Box# 3. Mailing C			Office Address			 -	
801 BR	RICKELL BAY DRIVE	801 BRICKELL B	CKELL BAY DRIVE		300117674333 02708708-0 926 010 1 677***450.00		
Suite, Apt. #, etc. Suite, Apt. #,							
SUITE 1566 SUITE 15				Date Incorporated or Qualified To Do Business in Florida 10/20/2003			
City & State City & State				10/20/2000			
MIAMI,	FL	MIAMI, FL	L		5. FEI Number		
Zip	Country	Zip	Country	6. \$8.75		tional Fee required	
33131	US	33131	US	CERTIFICATE		tificate of Status	
7. Name and Address of Current Registered Agent							
Name CONSULTING SERVICES OF SOUTH FLORIDA				The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD				the prior notices. By checking this box, you are certifying the prior notices were not			
Suite, Apt SUITE	t. #, Etc. 1050			received and requesting the reinstatement fee be waived.			
CORAL GABLES			FL 33134				
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						008	
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		
DP	BUNASSAR, ELIE		801 BRICKELL BAY DRIVE #		1566 MIAMI, FL 33131		
	DL DL						
	nn	1-08					
	REINSTAT	EMEN	<u> </u>				
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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 filling 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. J01/29/2008 305-444-2213							
		INTED NAME OF SIGNING OF	FFICER OR DIRECTOR		Date Daytime Phor	ve #	