

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 JAN -9 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600084090746  
01/12/07--01001--028 \*\*1058.75

**DOCUMENT #**

1. Corporation Name

P04000054201

J&S Wholesales distribution, Inc.

**2. Principal Office Address**

3100 NW 107th Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

3100 NW 107th Ave

Suite, Apt. #, etc.

**City & State**

Coral Springs FL

Zip

33065

Country

Broward

**City & State**

Coral Springs FL

Zip

33065

Country

Broward

**REINSTATEMENT** 05-07  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/29/2004

**5. FEI Number**

20-0934212

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

Suleman Khimani

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

3100 NW 107th Avenue

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

**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

01-07-07

**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
Director	Suleman Khimani	3100 NW 107th Ave	Coral Springs FL 33065

**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:**

SULEMAN K HIMANI

*Suleman Khimani*

01-07-07 (954) 415-1724

Date

Daytime Phone #

1/9/07