

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000079581

**FILED**  
**May 30, 2008**  
**Secretary of State**

**Entity Name:** DATE PALM WHOLESALERS, INC.

**Current Principal Place of Business:**

P.O. BOX 840009  
HOLLYWOOD, FL 33084

**New Principal Place of Business:**

5255 SW 76TH AVENUE  
DAVIE, FL 33328

**Current Mailing Address:**

P.O. BOX 840009  
HOLLYWOOD, FL 33084

**New Mailing Address:**

16787 NE 35TH AVENUE  
N MIAMI BEACH, FL 33160

**FEI Number:** 20-1158213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAGER, ROSS  
1000 N HIATUS RD  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

SWANSON, TODD MR  
16787 NE 35TH AVENUE  
N MIAMI BEACH, FL 33160 US

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.

SIGNATURE: /S/ TODD SWANSON

05/30/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SWANSON, TODD  
Address: 1000 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SWANSON, TODD  
Address: 16787 NE 35TH AVENUE  
City-St-Zip: N MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ TODD SWANSON

D

05/30/2008

Electronic Signature of Signing Officer or Director

Date