

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 24 AM 11:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000129739

1. Corporation Name

1786 WHOLESALE DISTRIBUTORS INC.

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

6130 NW 43 AVENUE

3. Mailing Office Address

6130 NW 43 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL.

City & State

COCONUT CREEK, FL.

Zip

33073

Country

U.S.A.

Zip

33073

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2004

5. FEI Number
20-1627781

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

SAQUIB SIDDIQUE

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

6130 NW 43 AVENUE

Suite, Apt. #, Etc.

City

COCONUT CREEK,

State

FL

Zip Code

33073

☒ 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

Saqib Siddique

Date 02/19/2009

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| PD | SAQUIB SIDDIQUE | 80 NOTTINGHAM PL. | BOYNTON BEACH, FL. 33426 |
| VPD | FOZAN SIDDIQU | 22237 WOODBORN DRIVE | BOCA RATON, FL. 33428 |
| VPD | YOUANNA F. SIDDIQU | 22237 WOODBORN DRIVE | BOCA RATON, FL. 33428 |
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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 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:

Saqib Siddique

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2009

Date

561-271-3505

Daytime Phone #