PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
14 JAN 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P05000040057

1. Corporation Name

SPECIAL OCCASIONS WHOLESALE INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1430 BROADWAY	"SAME"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 14E	
City & State	City & State
NEW YORK, NY	
Zip / Country	Zip / Country
10018 / USA	

4. Date Incorporated or Qualified To Do Business in Florida
03/08/2005

5. FEI Number
20-2549187
☐ 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
EDWARD MEYER
Street Address (P.O. Box Number is Not Acceptable)
30 EDINBURGH DR
Suite, Apt. #, Etc.
City
PALM BEACH GARDENS
State
FL
Zip Code
33418

400255502824
01/13/14--01002--001 **750.00

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: Edward Meyer
REGISTERED AGENT MUST SIGN
Date 01/09/14

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
D	CYNTHIA B. GOLDSTEIN	1540 CAVELL AVE	HIGHLAND PARK, IL 60035
D	JAMES D. GOLDSTEIN	1540 CAVELL AVE	HIGHLAND PARK, IL 60035

10. **E-mail Address:** CINDERELLADRESSES@YAHOO.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Edward Meyer 01/09/14 212-515-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #