

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805 000094900

1. Corporation Name

Velocity Wholesale Inc.

REINSTATEMENT 06-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
115B Concord Drive

3. Mailing Office Address
115B Concord Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

Zip

32707

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2005

5. FEL Number

59-3094032

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
Melinda Engel

Street Address (P.O. Box Number is Not Acceptable)
1881 S. US Highway 17-92

Suite, Apt. #, Etc.

City
Longwood

State
FL

Zip Code
3275

☒ 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

Melinda Engel
REGISTERED AGENT MUST SIGN

Date **9-21-07**

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
Pres	Gerard D. Andrews	115B Concord Drive	Longwood, FL 32750

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:

G. D. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-2007

Date

Daytime Phone #