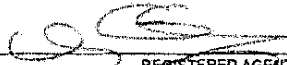


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 APR 29 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA 04/23/08 01026 019 *1500 04/23/08 01026 027 300 ⁰⁰	
DOCUMENT # P05000122039 1. Corporation Name FIT AND LOVELY WHOLESALERS, INC					
2. Principal Office Address - No P.O. Box # 159 MADRID AVE Suite, Apt. #, etc. #96 City & State CORAL GABLES FL Zip 33134 Country USA		3. Mailing Office Address Suite, Apt. #, etc. SAME City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FE# Number 20-3625740 Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name YOLE VINCENT Street Address (P.O. Box Number is Not Acceptable) 2081 NW 8th St Suite, Apt. #, Etc. #5 Miami FL State FL Zip Code 33126				6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status ☒ 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  Date 4-29-08 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		
P	YOLE VINCENT	2081 NW 8th	MIAMI FL 33126		
VP	STEVE CORNELSEN	10055 SW 72nd	MIAMI FL 33173		
RH REINSTATEMENT					
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:  YOLE VINCENT Date 4/29/08 305-266-5982 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					