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 *150.00
04/23/08 01026 027 300.00

CR2E081 (12/07)

DOCUMENT # P05000122039

1. Corporation Name
FIT AND LOVELY WHOLESALERS, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
159 MADEIRA AVE	
Suite, Apt. #, etc. #96	Suite, Apt. #, etc. SAME
City & State CORAL GABLES FL	City & State
Zip 33134 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-3625740 ☐ 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: YOLE VINCENT
Street Address (P.O. Box Number is Not Acceptable): 2081 NW 8ST
Suite, Apt. #, Etc.: #5
City: MIAMI State: FL Zip Code: 33126

☒ 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 8ST	MIAMI FL 33126
VP	STEVE CORNELSEN	10055 SW 72ST	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 4/29/08 305-266-5982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #