

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 14 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p06000032544

1. Corporation Name

SKC WHOLESALE, INC.

100137919901
11/14/08--01013--018 **908.75

REINSTATEMENT
CR2E081 (10/08)

07-08

2. Principal Office Address - No P.O. Box #
6735 SORRENTO STREET

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip Country
32819 USA

3. Mailing Office Address
6735 SORRENTO STREET

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip Country
32819 USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/06/2006

5. FEI Number
20-4470935

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
ANISHA K. CHARANIA

Street Address (P.O. Box Number is Not Acceptable)
6735 SORRENTO STREET

Suite, Apt. #, Etc.

City
ORLANDO, FLORIDA

State Zip Code
FL 32819

☐ 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

X Anisha

REGISTERED AGENT MUST SIGN

Date *X 11/5/08*

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
OWN	ANISHA K. CHARANIA	6735 SORRENTO STREET	ORLANDO, FLORIDA 32819

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:

X Anisha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/5/08 X

Date Daytime Phone #

11/14/08