

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000047258

FILED
Oct 01, 2008
Secretary of State

Entity Name: ONE STOP WHOLESALE SUPPLIES INC

Current Principal Place of Business:

800 CELEBRATION AVENUE SUITE 227
CELEBRATION, FL 34747

New Principal Place of Business:

509 19TH STREET
ORLANDO, FL 32805

Current Mailing Address:

800 CELEBRATION AVENUE SUITE 227
CELEBRATION, FL 34747

New Mailing Address:

1048 SOARING EAGLE LANE
KISSIMMEE, FL 34746

FEI Number: 20-4702320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMAN, JULIE
1048 SOARING EAGLE LN
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JULIE SHARMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SHARMAN, JULIE
Address: 800 CELEBRATION AVENUE SUITE 227
City-St-Zip: CELEBRATION, FL 34747

Title: V () Delete
Name: SHARMAN, BENJAMIN
Address: 800 CELEBRATION AVENUE SUITE 227
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SHARMAN, JULIE
Address: 509 19TH STREET
City-St-Zip: ORLANDO, FL 32805

Title: V (X) Change () Addition
Name: SHARMAN, BENJAMIN
Address: 509 19TH STREET
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SHARMAN

Electronic Signature of Signing Officer or Director

P

10/01/2008

Date