

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO7000033980**

1. Corporation Name

MAN WHOLESALERS, INC.

2. Principal Office Address - No P.O. Box #

8233-7 GATOR LN.

3. Mailing Office Address

1265 PINETTA CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BCH, FL

City & State

WELLINGTON, FL

Zip

33411

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/07

5. FEI Number

20-8640201

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

MUSTAFA ATIYEH

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

1265 PINETTA CIRCLE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

[Signature of Mustafa Atiyeh]

REGISTERED AGENT MUST SIGN

Date **X 12-28-09**

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	MUSTAFA ATIYEH	1265 PINETTA CIRCLE	WELLINGTON, FL 33414
VP	ADIL M. ABALLAH	11	11
D	NADIRA ATIYEH	11	11
REINSTATEMENT			
RH			

500164681545
01/06/10 - 01/01/10 - 003 **300.00

10. E-mail Address: **atiyahm@bellsouth.net**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

[Signature of Mustafa Atiyeh]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12-28-09

Daytime Phone #