

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 30 PM 4:12

DOCUMENT # P26992

1. Corporation Name

Houston Wholesale Merchandising, Inc., P26992

200162352672
10/30/09--01044--004 **608.75

KS

REINSTATEMENT 06-09
CRZEDST (12/06)

2. Principal Office Address - No P.O. Box # 1730 S Federal Hwy #392		3. Mailing Office Address 1730 S Federal Hwy #392	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country Palm Beach	Zip 33483	Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 11/20/89	
5. FEI Number 742113190	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>32.75 Amount of Fee required to be paid to the State</small>	

7. Name and Address of Current Registered Agent			
Name Marc E Schottenfeld			
Street Address (P.O. Box Number is Not Acceptable) 945 Cypress Drive			
Suite, Apt. #, Etc.			
City Delray Beach	State FL	Zip Code 33483	

☒ 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 617.0603, F.S.

Signature of
Registered Agent

Marc E. Schottenfeld

Date 10/27/09

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	Marc E Schottenfeld	945 Cypress Drive	Delray Beach, FL, 33483
S	Carol Schottenfeld	945 Cypress Drive	Delray Beach, FL, 33483

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:

Marc E. Schottenfeld

MARC E. SCHOTTENFELD

10/27/09

(561) 272-2680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #