

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000001708**

1. Corporation Name

COMO WHOLESALE, INC.

Principal Place of Business
**11601 W Main St
61 NORTH FLORIDA AVENUE
INVERNESS FL 34453**

Mailing Address
**11601 W Main St
61 NORTH FLORIDA AVENUE
INVERNESS FL 34453**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1995

5. FEI Number

59-3292166

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COMO, RICHARD	61 NORTH FLORIDA AVENUE	INVERNESS FL 34453

400003496824--4
12/12/00 01039 016
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMO, RICHARD
61 NORTH FLORIDA AVENUE
INVERNESS FL 34453

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/14/00

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/00

352-344-1411

FILED

00 NOV 16 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2043 (8/00)

292

November 14, 2000

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6323

To Whom It May Concern:

Enclosed is our annual renewal fee. We have recently moved and never received the report that you've sent. Please consider waiving the reinstatement fee. Our new address is 1601 W. Main St. Inverness, FL 34450.

Sincerely,



Dawn Como