

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000012017

1. Corporation Name LANHAM WHOLESALE, INC.

2. Principal Office Address
415 Ferguson Dr3. Mailing Office Address
1649 Majestic Oak Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FLCity & State
Apopka FLZip Country
32805 OrangeZip Country
32712 Orange4. Date Incorporated or Qualified
To Do Business in Florida Feb. 10, 19955. FEI Number
59-3297311Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anthony Lanham

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

1649 Majestic Oak Dr

Suite, Apt. #, Etc.

City

Apopka

State
FLZip Code
327129000005678879--8
-06/05/02--01012--017
***1200.00 ***1200.00

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

REGISTERED AGENT MUST SIGN

Date

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
Pres.	Anthony Lanham	1649 Majestic Oak Dr	Apopka FL 32712

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 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 #

CR2E081 (9/01)