

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 31 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9S000025173**

1. Corporation Name

Wholesale Leather, Inc

2. Principal Office Address

10677 NW 17 Court

Suite, Apt. #, etc.

3. Mailing Office Address

10677 NW 17 Court

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

Country

33071

USA

City & State

Coral Springs FL

Zip

Country

33071

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/27/95

5. FEI Number

650656941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAN Levine

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

10677 NW 17 Court

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

600004765478-3

-01/10/02--01075-017

******300.00 ****00.00**

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

[Signature]

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/16/07

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

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	JAN Levine	10677 NW 17 Court	Coral Springs FL 33071

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/07

Date

Daytime Phone #

CR25061 (8/03)