JUL-22-02 MON 05:15 PM LAZARUS CORPORATION FAX:3052201440 PAGE 03

FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

H02000169167 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000055306

Corporation Name

WHOLESALE OFFICE PRODUCTS,CORP.

Principal Place of Business	Mailing Address
821 NW 80 Ave #5-E ialeah,Fl. 33016	9821 NW 80 Ave #5-E Hialeah, Fl. 33016

REINSTATEMENT 01-02

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: 7/18/95

5. FEI Number: 65-0599215 (Applied / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of S

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

Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
-S-D	Grisell B. Terzado	9821 NW 80 Ave #5-E	Hialeah,Fl. 33016
-T-D	Jose Terzadc	9812 NW 80 Ave #5-E	Hialeah.Fl. 33016

8. Name and Address of Current Registered Agent

Jose Terzado
9821 NW 80 Ave # 5-E
Hialeah, Fl. 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Jose Terzado — REGISTERED AGENT MUST SIGN — Date: 7/18/02

10. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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: Jose Terzado — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/18/02 — Daytime Phone: (305)822-358

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7/23/02

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Fax Number : (305)220-1440

CORPORATION REINSTATEMENT

WHOLESALE OFFICE PRODUCTS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00