

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 28 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000005416

1. Corporation Name

WHOLE SALE FRAMING, INC.

2. Principal Office Address

51 GLADES RD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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

01-17-96

5. FEI Number

65-0619460

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$875 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

CLAUDE AUGER

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

1480 PARKSIDE CIRCLE SOUTH

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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]

REGISTERED AGENT MUST SIGN

Date 5/19/04

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

CLAUDE AUGER

1480 PARKSIDE CIR. SO.

BOCA RATON, FL 33486

800037388628
05/28/04--01003--018 **942.50

[Signature]

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

Date

5/19/04

Daytime Phone #

CR2E081 (10/02)