PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -5 PM 4:34

DOCUMENT # P97000008038

1. Corporation Name

LANIADO WHOLESALE FLORIDA INC

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
2033 W McNab Rd	2033 W McNab. Rd.
Suite, Apt. #, etc. Ste. P	Suite, Apt. #, etc. Ste P
City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33069 Country US	Zip 33069 Country US

4. Date Incorporated or Qualified To Do Business in Florida FEB, 97

5. FEI Number 65-0725512 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ELLIS BRAUNSTEIN

900003264489--1
-05/24/00--01009--002
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 317 NW 119 Drive

Suite, Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33071

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: _____ Date: 5/1/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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.	RAPHAEL LANIADO	5225 Pooks Hill Rd - Apt 1421S	Bethesda/MD/20814
V-PRES	ELLIS BRAUNSTEIN	317 NW 119th Drive	Coral Springs FL 33071
TRES.	FERNANDE LANIADO	21 Bannister Ct	GAITHERSBURG/MD/20879

AD

10. I certify that I am an officer or director of 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: _____ ELLIS BRAUNSTEIN - VICE PRES. 5/1/00 954-973 1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #