

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 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076509

1. Corporation Name

H & H WHOLESALE SERVICES, INC.
401 SOUTH OLD WOODWARD
SUITE 420
BIRMINGHAM, MI 48009

2. Principal Office Address

401 SOUTH OLD WOODWARD

Suite, Apt. #, etc.

SUITE 420

City & State

BIRMINGHAM, MI 48009

Zip

48009

Country

U.S.A.

3. Mailing Office Address

401 SOUTH OLD WOODWARD

Suite, Apt. #, etc.

SUITE 420

City & State

BIRMINGHAM, MI

Zip

48009

Country

U.S.A.

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

09/02/1997

5. FEI Number

05-0780383
P97000076509

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

Howard B. Goldman

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

8000 Wiles Road

Suite, Apt. #, Etc.

Suite 1

City

Coral Springs

State

FL

Zip Code

33067

900004737219-9

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****750.00 ****750.00

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

Howard B. Goldman

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
P/T/S/D	Howard B. Goldman	401 South Old Woodward Suite 420	Birmingham, MI 48009

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

Howard B. Goldman

Date

248-433-0375

Daytime Phone #

CR2E081 (9/00)