

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
03 APR 29 AM 9:13

DOCUMENT # P980000 88429

1. Corporation Name  
Bully's Wholesale Division, Inc.

2. Principal Office Address

4420 Mercantile Ave.

3. Mailing Office Address

P.O. Box 366155

Suite Apt. #, etc.

99

Suite, Apt. #, etc.

NONE

City & State

NAPLES, FL

City & State

Bonita Springs, FL

Zip

34104

Country

U.S.A

Zip

34136

Country

U.S.A

900017311339  
04/29/03--01061--014 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10-15-98

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ronald D Peregrin

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

28130 Dove wood Court

Suite, Apt. #, Etc.

Apt 105

City

Bonita Springs

State

FL

Zip Code

34135

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

Ronald D Peregrin  
REGISTERED AGENT MUST SIGN

Date 3/24/03

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

President  
owner

Ronald D. Peregrin

28130 Dove wood Court Apt 105

Bonita Springs, FL  
34135

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

Ronald D Peregrin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/03

Daytime Phone #

(239)  
281-3366

CR2E081 (10/02)