

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 AM 9:54

DOCUMENT # P99000011699

1. Corporation Name

D. S. T. WHOLESALE, INC.

2. Principal Office Address

110 SPRINGSIDE CT

3. Mailing Office Address

110 SPRINGSIDE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

2/03/99

5. FEI Number

59-3554324

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

SCOTT M. TAYLOR

200004037022-1

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

110 SPRINGSIDE CT

-04/23/01-01001-021
****308.75 ****308.75

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

SCOTT M. TAYLOR

Date 4/12/01

REGISTERED AGENT MUST SIGN

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	SCOTT M. TAYLOR	110 SPRINGSIDE CT	LONGWOOD, FL 32779
VP	DAREL G. TAYLOR	110 SPRINGSIDE CT	LONGWOOD, FL 32779

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:

SCOTT M. TAYLOR

SCOTT M. TAYLOR

4/12/01

407-260-7053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

20f2

D.S.T. WHOLESALE, INC.

110 SPRINGSIDE CT.

LONGWOOD, FL 32779

407/774-1540

SCOTT M. TAYLOR, PRESIDENT

Division of Corporations

State of Florida

P.O. Box 6327

Tallahassee, FL 32314

April 12, 2001

Sent via US Postal Service regular mail

Please accept this letter as a statement in which I did not receive any correspondence regarding the request for yearly corporate reports to be filed.

I regret my corporation is now listed as inactive and request the fee of \$600.00 to reinstate be waived. Please consider my request and find the necessary reinstatement form included in this mailing.

Thank you for your assistance in resolving this matter.

Sincerely,



Scott M. Taylor

President

D.S.T Wholesale, Inc.

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