

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 14 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000014791**

1. Corporation Name

**UNITED WHOLESALERS INC
13644 SW 142d AVE
MIAMI, FL 33186-6700**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

5. FEI Number

65-0895918

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

JESURUN DEBBIE

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

13644 SW 142d AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

100054333461

05/12/05--01061--020 **308.75

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

Debbie Jesurun
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
D	JESURUN, DEBBIE A 13644 SW 142d AVE	13644 SW 142d AVE	MIAMI FL 33186

APPROVED 04-05

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:

Debbie Jesurun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05

Date

Daytime Phone #

305-799-3180

CR2E081 (01/05)

UNITED WHOLESALERS, INC

**13644 SW 142nd Avenue
Miami, Florida 33186
(305) 251-1460/1461**

April 11, 2005

**Division of Corporation
POB 6327
Tallahassee, Florida 32314**

Reference: United Wholesales, Inc

To Whom It May Concern:

I am writing this letter in hopes to reinstate my Corporation (United Wholesalers, Inc. EIN 65-0895918). The reinstatement application is attached along with a check for \$300.00 to cover the 2004 and 2005 renewal fee.

I am requesting that the penalty be abated for the following reasons. First off, I did not receive the form for the 2004 renewal. I think the Corporation was administratively terminated when I did not respond for the 2004 year. For those reasons, the 21005 application was not sent and the application was not filed.

I discovered the corporation was inactive when I checked its status on my computed.

I will greatly appreciate if you will abate this penalty and reinstate this corporation as requested.

Sincerely;


**Debbie A. Jesurun
President**

*PS: CERTIFICATION OF STATUS \$8.75
IS INCLUDED ON CHECK*