

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000038786

1. Corporation Name

FASS 24 ORGANIZATION WHOLESALE SUPPLY & INVESTMENT COMPANY

Principal Place of Business

Mailing Address

5903 S W 21ST STREET  
HOLLYWOOD FL 33023

5903 S W 21ST STREET  
HOLLYWOOD FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2340 S State Rd 7

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 471614

Suite, Apt. #, etc.

City & State

Miramar Florida

City & State

Miami Florida

Zip

33023

Country

USA

Zip

33247

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/1999

5. FEI Number

65-0220593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ADERINOKUN, ADEOLA C	5903 S W 21ST STREET	HOLLYWOOD FL 33023
			500003489655--0 -12/06/00--01084--003 ***550.00 ***550.00
			500003489655--0 -12/06/00--01084--004 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADERINOKUN, ADEOLA C  
5903 S W 21ST STREET  
HOLLYWOOD FL 33023

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

Daytime Phone #

AD