

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **572653**

1. Corporation Name **EAST COAST WHOLESALERS INC.**

Principal Place of Business

Mailing Address

**12220 SW 132 ND COURT  
MIAMI, FL 33186**

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

2. New Principal Office Address, If Applicable

**12220 SW 132 ND COURT**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

Zip **33186**

Country **USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**1991**

5. FEI Number

**65-0269580**

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>PRES</b>	<b>ROBERT NEUMAN</b>	<b>7485 SW 163 STR</b>	<b>MIAMI, FL 33157</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

**ROBERT NEUMAN**

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

**12220 SW 132 ND COURT**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33186**

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

REGISTERED AGENT MUST SIGN

Date **2/5/99**

11. This corporation owes the current year

Intangible Personal Property Tax due June 30. **99**

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

**2/5/99**  
Date

**(305) 252-1176**  
Daytime Phone #

REINSTATEMENT

97-99  
718  
2/10/99

FILED  
99 FEB 10 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA