

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION



FLORIDA DEPARTMENT OF STATE

*2000-01-16*

FILED

01 JAN 18 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

V13457

1. Corporation Name

WHOLESALE SPECIALTIES, INC.

2. Principal Office Address

1833 N. EAST AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Fl.

City & State

Zip 32405 Country BAY

4. Date Incorporated or Qualified  
To Do Business in Florida

2-10-1992

5. FEI Number

59-3104530

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Judy A. Smith

500003568535-8

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

2916 Briarcliff Rd.

01/24/01-01004-015  
\*\*\*\*708.75 \*\*\*\*708.75

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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

*Judy A. Smith*

REGISTERED AGENT MUST SIGN

Date 01-16-01

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	James E. Smith	2916 Briarcliff Rd	Panama City Fl 32405
VP	Judy A. Smith	2916 Briarcliff Rd	Panama City Fl 32405
ST	Judy A. Smith	2916 Briarcliff Rd	Panama City Fl 32405

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:

*James E. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001

Date

850/872-8127

Daytime Phone #

KE

CR2ED01 (9/00)

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WHOLESALE SPECIALTIES, INC.

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl. 32314

1-16-2001

To Whom It May Concern:

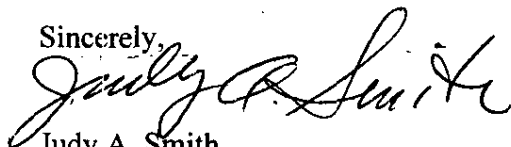
As explained to Ms. Sprather on the telephone 1-10-2000, we have never received our Corp. Registration. We mailed the form (2<sup>nd</sup> one received from you) with a change and check #11130 (copy of stub enclosed) in the amount of \$558.75 on 9-8-2000.

We never received anything from you other than the Dissolution. We called a few times and were told you were backed-up in posting and that the Dissolution or Revocation was automatically sent.

As of this date, our check has not cleared the bank. Therefore, I am issuing a stop payment on that check and issuing you a new one in the amount of \$708.75 for the year 2000 reinstatement, 2001 Corp. Registration and Certificate .

Thank you very much for your cooperation in this matter.

Sincerely,



Judy A. Smith  
Secretary/Treasurer  
Wholesale Specialties, Inc.

JAS/jt  
Enclosures