


12/28/2001 14:01 TRIPP, SCOTT FA. + 900167+0070H18502050384H

NO.784 0002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 28 PM 4:00

DOCUMENT # F80900

1. Corporation Name

Fort Pierce Oil Company

REINSTATEMENT

01

2. Principal Office Address

1000 Harbor Street

3. Mailing Office Address

60 JEFFREY R. EISENSMITH, ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Ft. Pierce, FLA.

City &amp; State

Ft. Lauderdale, FLA.

Zip

34950

Country

USA

Zip

33394

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1982

5. FEI Number

592191649

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

JEFFREY R. EISENSMITH

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

ONE FINANCIAL PLAZA

Suite, Apt. #, Etc.

#1610

City

Ft. Lauderdale

State

FL

Zip Code

33394

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


Date

12/26/01

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.S.D.	MICHAEL A. SIMMONS	3141 SE IVANE	Ft. Lauderdale, FLA. 33315

AD

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/01

Daytime Phone #

H01000124542

12/28/2001 14:01 TRIPP, SCOTT PA. → 900167\*0070#18502050384#  
Division of Corporations

NO.784 0001  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 205-0384

Attn: Sue Deverson  
#900167.0070

From: Account Name : TRIPP, SCOTT, CONKLIN & SMITH  
Account Number : 075350000065  
Phone : (954) 525-7500  
Fax Number : (954) 761-8475

CORPORATION REINSTATEMENT

FORT PIERCE OIL COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

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