

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR - 8 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000067845**

1. Corporation Name  
**my oil, Inc**

2. Principal Office Address  
**211 E. New Market Rd.**

3. Mailing Office Address  
**PO BOX 330**

City & State  
**Immokalee, FL**

City & State  
**Immokalee, FL**

Zip Country  
**34142 USA**

Zip Country  
**34143 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**July 5, 2001**

5. FEI Number Applied For  
**59-3726194** Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

800015443058  
04/08/03--01002--010 \*\*\$300.00

**7. Name and Address of Current Registered Agent**

Name  
**Armando B. Yzaguirre**

Street Address (P.O. Box Number is Not Acceptable)  
**211 E. New Market Rd**

Suits, Apt. #, Etc.

City  
**Immokalee**

State Zip Code  
**FL 34142**

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 **[Signature]** REGISTERED AGENT MUST SIGN

Date **4/3/03**

**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/D	Maria E. Yzaguirre	4640 Little League Rd	Immokalee, FL 34142
V/D	Armando B. Yzaguirre	211 E. New Market Rd	Immokalee, FL 34142

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]** Armando B. Yzaguirre **4/3/03** 239-370-0733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2/4/9

**MY Oil, Inc.**

PO Box 330  
Immokalee, FL 34143

April 3, 2003

Department of State

Dear Sir or Madam:

I am requesting a waiver of the reinstatement fee of \$600.00 due to the fact of we never received notification. It is my understanding the Department had the incorrect mailing address for our Corporation. You will find a \$300.00 check for 2002 and 2003 and if there are further questions please call me at 239-370-0733

Sincerely,

Armando B. Yzaguirre  
Vice President/CEO