PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000054036**

1. Corporation Name
606 GAS AND OIL, INC.

Principal Place of Business	Mailing Address
4601 SHERIDAN ST SUITE 206 HOLLYWOOD FL 33021	4601 SHERIDAN ST SUITE 206 HOLLYWOOD FL 33021

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

REINSTATEMENT 96.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
17600 N. Bay Rd.	17600 N. Bay Rd.
Suite, Apt. #, etc.: Suite 702	Suite, Apt. #, etc.: Suite 702
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33160 Country: Dade	Zip: 33160 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/1995

5. FEI Number: 65-0548397 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PS	KALICHMAN, DAVID	17600 NORTH BAY RD., #702	N. MIAMI BEACH FL 33160
VT	KOVAL, ELENA	3200 N.E. 192ND ST., #1114	AVENTURA FL 33180
V	LOW, EVA	3505 S. OCEAN DRIVE	HOLLYWOOD FL 33019

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-11/14/96--01102--002
****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BARAK, ALEX T 4601 SHERIDAN ST SUITE 206 HOLLYWOOD FL 33021	Name: David Kalichman Street Address (P.O. Box Number is Not Acceptable): 17600 N. Bay Rd. Suite, Apt. #, Etc.: 702 City: North Miami Beach State: FL Zip Code: 33160

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: 09-26-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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 REQUIRED David Kalichman 09-26-96 305 932-9541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)