PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 10:16

DOCUMENT # **P98000008791**

1. Corporation Name

**A & F SERVICE STATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2698 N.W. 36TH STREET<br>MIAMI FL 33142 | 2698 N.W. 36TH STREET<br>MIAMI FL 33142 |

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

REINSTATEMENT 99

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 01/28/1998

5. FEI Number: 65-0811094 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is 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 | 4 City / State / Zip |
|---|---|---|---|
| P | ESPERANZA FELICIANO | 2698 NW 36 STREET | MIAMI, FL 33142 |
| | | | |
| | | | |
| | | | |
| | | | |

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-11/01/99--01114--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ESPERANZA FELICIANO
2698 N.W. 36TH STREET
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name: ESPERANZA FELICIANO
Street Address (P.O. Box Number is Not Acceptable): 2698 NW 36 STREET
Suite, Apt.#, Etc.:
City: MIAMI State: FL Zip Code: 33142

CR2E040 (8/99)

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: (X) [signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10-12-99.

11. 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: (X) [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-12-99

Daytime Phone #

0093217 AF