PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FILED **FOR** SECRETARY OF STATE Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS \* DIVISION OF CORPORATIONS P98000098307 00 NOV 30 PM 3: 33 **DOCUMENT#** 1. Corporation Name MDM PETRO, INC. Mailing Address Principal Place of Business 2701 N.W. 183RD ST. 2701 N.W. 183RD ST. CAROL CITY FL 33056 CAROL CITY FL 33056 reinstatement o If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 11/23/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0878383 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country Zip CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors Title(s) 3894 CRESTWOOD CIR-WESTON FL 3334= **VS** WEINER, MEREDITH 1352 SEAGRAPE CIR 38<del>94 ORESTWOOD C</del>IR.: WESTON FL 3333 WEINER: DAVID M 1352 SEAGRADE CIR 300003493043---12/11/00--01025--022 \*\*\*\*750.00 \*\*\*\*750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name WEINER, MEREDITH Street Address (P.O. Box Number is Not Acceptable) 2701 N.W. 183RD ST. Suite, Apt. #, Etc. CAROL CITY FL 33056 Zip Code State n familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registere Signature of Registered Agent 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. 954-11/5/80 40/-6540 Daytime Phone #