PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLEASE DEAD /	ALL IIAO I	MOCHONS		OMPLET	NG THIS FO	⊓ıvı.	
APPLICATION FLORIDA DEPARTMENT OF STATE								
	FOR	Sandra B. Mortham			FILED			
REINSTATEMENT			Secretary of State			1 1 mm (sp. 1 mm)		
DOOOOOTT 40.4				RATIONS	97 JAN -2 AM 9:26			
DOCUMENT # P93000075404					į į	a m a m mart t	NA OF STATE	
1. Corporation Name SEG SERVICE STATION, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SEG SERVICE STATION, INC.						NITTH IN		
Principal Pl	ace of Business	ess	3					
2017 S. O	CEAN DR.	2017 S. OCEAN DR.						
#1007W	I E E1 23300	#1007W HALLANDALE FL 33309						
HALLANDALE FL 33309 HALLANDALE FL 33309					= # # # # #	TE	ENTOLA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REIN	STATEM	EMICAL	
2. New Prin	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			4. Date incorpo	orated or Qualified ess in Florida	11/01/1993	
Suite, Apt.	₹. etc.	Suite, Apt. #, etc.						
City & State	The second secon	City & State			5. FEI Number 65-0446081 Applied For			
		·			Not Applicable 58.75 Additional Fee required			
Zip	Country	Zip	Countr	ý	CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Str. Off 3 (Do NOT Us	eet Address of Each ficer and/or Director se Post Office Box N	lumbers)	4	ity / State / Zip	
DP	GLICKMAN, SOL	2017 S. OCEAN DR., #1007W			HALLANDALE FL 33309			
DV	GLICKMAN, EMMA	2017 S. OCEAN DR., #1007W			HALLANDALE FL	33309		
D\$T	GLICKMAN, JAY	2017 S. OCEAN DR., #1007W			HALLANDALE FL 33309			
···- <u>-</u>	<u> </u>					<u>_,</u>		
7					SÍ	100020	514067	
					-01/08/9701116018			
						****375	.00 ****375.00	
						JAI	-11-97	
<u>-</u>	8. Name and Address of Current F	Registered Age	nt		9. Name and A	ddress of New Regis	tered Agent	
GLICKMAN, SOL Name Sol					- GET CEMENTY			
2017 SOUTH OCEAN DRIVE Street Address (F					O. Box Number is Not Acceptable)			
#1007W Suite, Apt, #, Etc.					SU 102	AN AL.		
HALLANDALE FL 33309					07W			
City MALL					ANDALE	_	State Zip Code 3	
10. I, being	appointed the registered agent of the about	e named corpo	ration, am familiar wi	th and accept the ob	oligations of Section	on 607.0505, F.S.	<u></u>	
Signature of Registered Agent Date Date Date Date								
11. Does this corporation pay any intangible tax to the (See other side for information								
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No 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 filling 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.								