

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 23 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071379

1. Corporation Name

SANTA BARBARA FUELS, INC.

Principal Place of Business

Mailing Address

7392 RADIO RD
NAPLES FL 34104
US

7392 RADIO RD
NAPLES FL 34104
US

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

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 11/07/00 01097-008
Fees \$750.00 09/26/99 \$750.00

5. FEI Number

65-0554131

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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
DP	BRINKHOFF, KEVIN P	7392 RADIO RD	NAPLES FL 34104
DV	SUMMERFIELD, LAWRENCE G	7392 RADIO RD	NAPLES FL 34104
DS	SUMMERFIELD, PATRICIA	7392 RADIO RD	NAPLES FL 34104
DT	BRINKHOFF, DARCEY L	7392 RADIO RD	NAPLES FL 34104

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KYLE, KEVIN A
8889 PELICAN BAY BLVD
STE 300
NAPLES FL 34108

Name

Peeples, C. Perry

Street Address (P.O. Box Number is Not Acceptable)

8889 Pelican Bay Blvd

Suite, Apt. #, Etc.

Ste 300

City

Naples

State

FL

Zip Code

34108

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]
REGISTERED AGENT MUST SIGN

Date 10/19/00

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:

[Signature] Kevin P. Brinkhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
Date

941-348-0753
Daytime Phone #

CR2E040 (8/00)