

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAR 30 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 110988

1. Corporation Name  
RADIANT OIL COMPANY

2. Principal Office Address  
2990 N.W. 24 ST  
Suite, Apt. #, etc.

3. Mailing Office Address  
2990 N.W. 24 ST  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip Country  
33142 US

Zip Country  
33142 US

4. Date Incorporated or Qualified To Do Business in Florida 01-01-1926

5. FEI Number 59-0414360 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ORESTES FLORES

Street Address (P.O. Box Number is Not Acceptable)  
2990 N.W. 24 ST

Suite, Apt. #, Etc.

City  
MIAMI,

State  
FL

Zip Code  
33142

600031371756  
03/30/04 01021-023 \*\*\*908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 3-29-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip  |
|--------|-----------------------------------|--|---------------------|
| P.     | ORESTES FLORES                    | 10485 N.W. 132 ST                              | HIALEAH GARDENS, FL |
| VP     | JUAN FLORES                       | 13331 S.W. 2 ST                                | MIAMI, FL 33184     |
| S      | LUIS COSTA                        | 50 NW 130 AV                                   | MIAMI, FL 33182     |
| T      | DOMINGO DOMINGUEZ                 | 310 N.W. 119 AV                                | MIAMI, FL 33182     |

10. 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]* Date 3-29-04 (305) 634-2634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2081 (01/04)