

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 29 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 267937

1. Corporation Name

UNITED PETROLEUM INC

W08000043986

2. Principal Office Address - No P.O. Box #

7303 ROWLETT PARK DR.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33610

Country

USA

3. Mailing Office Address

20201 EAST COUNTRY CLUB DR.

Suite, Apt. #, etc.

601

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1963

5. FEI Number

590999133

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

NABIL ABUARAM

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

7303 ROWLETT PARK DRIVE

Suite, Apt. #, Etc.

City

TAMPA,

State

FL

Zip Code

33610

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Nabil Abuaram

REGISTERED AGENT MUST SIGN

Date

9/14/08

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
PRES	NABIL ABUARAM	7303 ROWLETT PARK DRIVE	TAMPA, FL
TREA	CORINNE ABUARAM	7303 ROWLETT PARK DRIVE	TAMPA, FL
			300136140183 10/01/08--01043--001 **91.25
			300136140183 09/19/08--01008--007 **358.75

REINSTATEMENT

06-08

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 contained in Chapter 119, 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:

Nabil Abuaram

NABIL ABUARAM

9/14/08

954-543-2415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30/08