PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

455665

1. Corporation Name

SUNSET OIL COMPANY

Principal Place of Business Mailing Address

97 JAN 13 AM 11: 09

SECRETARY OF STATE TALLAHASSEE FLORIDA

8700 S.W. 72ND STREET 8700 S.W. 7. MIAMI FL 33173 MIAMI FL 33		2ND STREET 3173		REINSTATEMENT 45-96			
	ddresses are incorrect in any way, line thr ncipal Office Address, If Applicable	of ormation and enter correction below. If of the first of the state		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 06/29/1974			
Suite, Apt. #, etc. 97 City & State City & State City & State Zip Country Zip 33/23 Date: 33/			21 SW 72 ST 5. FE				
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors PD GRAY, THOMAS F.			rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 6840 CARTEE RD. N.			4 City / State / Zip MIAMI FL	
T	PASSMORE, ROBERT N.	27151 S.W. 192ND AVE.			MIAMI FL		
		200002059321 -01/15/9701081007 ****\$75,00 ****\$75,00				11081007	
	8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Registered	
GRAY, THOMAS F. 6840 CARTEE RD. N. MIAMI FL 33158				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State State FL 33/73 It with and accept the obligations of Section 607.0505, F.S.			
10. I, being Signature o Registered	Apont // // /		ration, am familiar wit	th and accept the o	bligations of Sect	ion 607.0505, F.S. Date	20/96

13. I do hexeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release this Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation traval deep paid. The formation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

No

Yes l

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

20/90 59806.29
Daylime Phone #

(See other side for information on intangible tax.)

(See other side for

additional information.)