

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **455665**

1. Corporation Name
SUNSET OIL COMPANY

W910-27149

Principal Place of Business
8700 S.W. 72ND STREET
MIAMI FL 33173

Mailing Address
8700 S.W. 72ND STREET
MIAMI FL 33173

REINSTATEMENT *ad*
95-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
06/29/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-1557881

Applied For
Not Applicable

9701 SW 72 ST

9701 SW 72 ST

City & State
Miami

City & State
Miami

Zip *33173* Country *Dade*

Zip *33173* Country *Dade*

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GRAY, THOMAS F.	6840 CARTEE RD. N.	MIAMI FL
T	PASSMORE, ROBERT N.	27151 S.W. 192ND AVE.	MIAMI FL

~~200002059332--1~~
~~01/15/97-01081-007~~
***575.00 ***575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, THOMAS F.
6840 CARTEE RD. N.
MIAMI FL 33158

Name *Robert N. Passmore*
Street Address (P.O. Box Number is Not Acceptable)
9701 SW 72 ST
Suite, Apt. #, Etc.
MI
City *Miami* State **FL** Zip Code **33173**

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 *Thomas F. Gray*
REGISTERED AGENT MUST SIGN

Date *11/9/97*
12/20/96

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

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby 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 the 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 have been paid. 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: *Thomas F. Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/20/96*
Daytime Phone # *5980629*

CP2E040 (6/95)