

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 25 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 585 329

1. Corporation Name

TEL-AVIV TEXACO SERVICE  
CENTER, INC.

2. Principal Office Address

126 N FEDERAL HWY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State HALLANDALE BEACH  
FLORIDA

City & State

SAME

Zip 33009 Country USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1978

5. FEI Number

59-1847423

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

DAVID SHAPIRA

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

620 NW 88 TERR

Suite, Apt. #, Etc.

City

P. PINES

State  
FL

Zip Code

33024

500054213395

05/10/05--01053--018 \*\*150.00

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

Date

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	DAVID SHAPIRA	620 NW 88 TERR.	P. PINES FL 33024
S	CAROLINE SHAPIRA	11	11

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-05 954 457-7267

CR2E081 (01/05)