

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

900.00

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 16 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 625749

1. Corporation Name

DRIVER OIL, INC.

Principal Place of Business

759 HOUSE WREN CIRCLE
PALM HARBOR FL 34683

Mailing Address

759 HOUSE WREN CIRCLE
PALM HARBOR FL 34683



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

REINSTATEMENT

0001

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1979

5. FEI Number

59-1931049

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PATES, MEHUL K	759 HOUSEWREN CIR	PALM HARBOR FL 34683
ST	COOPER, JAMES D	1833 ARDEN WY	JACKSONVILLE FL 32250

900003784019--7
-02/27/01--01147--003
1200.00 **900.00

8. Name and Address of Current Registered Agent

PATEL, MEHUL
759 HOUSE LOREN CIRCLE
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

LS

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

2/9/01

11. 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

[Signature] **MEHUL PATEL**

Date

Daytime Phone #

2/9/01 727-289-8321

CR2E040 (8/00)