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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

 FILED
 10 SEP -7 AM 10:31

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
DOCUMENT #817928

1. Corporation Name

Davidson Key West Pipe Line Corp.

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

5002 Second Avenue

3. Mailing Office Address

5002 Second Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooklyn, NY

City & State

Brooklyn, NY

Zip

11232

Country

Kings County

Zip

11232

Country

Kings County

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1964

5. FEI Number

11-6034341

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

See Attached

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

 600185124466
 09/07/10--01060--007 **1950.00
 6/19/8

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

REGISTERED AGENT MUST SIGN

Date

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.	STUART KRUEGER	973 Wateredge Place Hewlett Harbor, N.Y.	Hewlett Harbor, N.Y. 11557
SEC.	Peter Davidson	311 Ever. H Ave	Hewlett Harbor, N.Y. 11557
V.P.			
TREAS.			

10. E-mail Address: STUART @ DAVIDSONPIPE.COM

(To be used for future annual report notification)

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, I further certify, 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:

Stuart Krueger

STUART KRUEGER

6/19/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20F2

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City & State Brooklyn, NY		City & State Brooklyn, NY		4. Date Incorporated or Qualified To Do Business in Florida 01/18/1964																																	
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Name CAPITOL CORPORATE SERVICES, INC.																																					
Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza																																					
Suite, Apt. #, Etc. Suite A																																					
City Tallahassee		State FL		Zip Code 32301																																	
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