Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

MAPCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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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
2009 JUL 22 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

DOCUMENT # F05000005927

1. Corporation Name

MAPCO, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
427 W CEVALLOS		427 W CEVALLOS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SAN ANTONIO, TEXAS		City & State: SAN ANTONIO, TEXAS	
Zip: 78204	Country: USA	Zip: 78204	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 74-2603305 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT Jane Zachritz Assistant Secretary Date 7/22/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MICHAEL ANGELO PADRON	410 YOSEMITE	SAN ANTONIO, TX 78232

REINSTATEMENT 08-09 988

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 contained in Chapter 119, 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] Michael Angelo Padron 7/15/09 210-444-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FL010 - 01/09 C T System Online