

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001612

1. Corporation Name

PETRON SOUTHEAST, INC.

Principal Place of Business

PO BOX 8718
ALEXANDRIA LA 71306

Mailing Address

PO BOX 8718
ALEXANDRIA LA 71306

Attn: Linda Dale



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

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

04/03/1995

5. FEI Number

72-0590032

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
C	AYRES, J.R.	1107 GREENBRIAR	ALEXANDRIA LA 71301
CP	AYRES, STEVE	1104 THORNTON ST.	ALEXANDRIA LA 71301
D	AYRES, JO ANNE	1600 HARRIS ST.	ALEXANDRIA LA 71301
D	HILLEKE, LAURA	5008 PHEASANT RUN	ALEXANDRIA LA 71301
ST	HILLEKE, JAMES	5008 PHEASANT RUN	ALEXANDRIA LA 71301
200009023102 11/15/02--01055--014 **150.00			

8. Name and Address of Current Registered Agent

BLUE, ROB
221 MCKENZIE AVE.
PANAMA CITY FL 32402

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

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. or 617.0505, F.S.

Signature of Registered Agent

Rob Blue
REGISTERED AGENT MUST SIGN

Date 11/6/02

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:

J.R. Ayres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 318-445-5685

CR2E040 (8/02)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

PETRON, INC.

P.O. Box 8718

Alexandria, LA 71306

(318)445-5685 FAX (318)448-1727

October 28, 2002

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Petron Southeast, Inc.

To Whom It May Concern:

Last week our company received a "Notice of Administrative Dissolution or Revocation". We definitely want to maintain an "active" status in Florida.

Please, waive the penalty for not filing timely as the prior UBR notices were not received by our office. This notice is the first we have received in regard to our "2002 Uniform Business Report".

Enclosed is the completed application for reinstatement and a filing fee of \$150.00. Thank you for your assistance and help in this matter.

Sincerely,



Steve Ayres
President

SRA/ld