

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Jimmie L. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 13 AM 10:26

1. DOCUMENT # L01000001638
Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000049 01 FP 0.352 **PRSRT T1 0 0615 33131-215817
FUEL MARKETING, L.L.C.
100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131-2158



2. New Mailing Address 2121 PONCE DE LEON BLVD #1100 City, State, Zip CORAL GABLES FL. 33134		4. State/Country of Formation FL	
Principal Place of Business 100 S.E. SECOND STREET 17TH FLOOR MIAMI FL 33131		5. Date Organized or Qualified To Do Business in Florida 02/01/2001	
3. New Principal Place of Business Address 2121 PONCE DE LEON BLVD #1100 City, State, Zip CORAL GABLES FL. 33134		6. FEI Number 59-3698183	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 33131		9. Name and Address of New Registered Agent Name CONNIE E RUIZ Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD #1100 City CORAL GABLES FL Zip Code 33134	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Connie E Ruiz Date 11-8-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR owner	LEE A MILLS	809 SAWYER LANE	Key West, FL. 33040
REINSTATEMENT 2002			
800008964748 11/13/02--01039--030 **100.00 S02074907841 03/07/02 90039 044 \$50 11/18/02			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager LEE A MILLS Date 11-8-02 Daytime Phone # 305-442-2200
Typed or printed name of signing Managing Member/Manager LEE A MILLS