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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000021219

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 13 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L01000021219

Name and Mailing Address

0004147 01 FP 0.352 **PRSRT T3 0 0615 33430-499481
SSI LUBRICANTS LLC
1281 SOUTH MAIN STREET
BELLE GLADE FL 33430-4994

100009104881
11/20/02--01040--006 **150.00

12/13 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/07/2001

Principal Place of Business
1281 SOUTH MAIN STREET
BELLE GLADE FL 33430-6360

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-1158761 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD. 43RD FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: CARLOS M. ARRUZA
Street Address (P.O. Box Number is Not Acceptable): 9375 SOUTHERN OAK LANE
City: JUPITER FL Zip Code: 33478

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 ✓ _____ Date 11/15/02

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
PT	CARLOS M. ARRUZA	9375 SOUTHERN OAK LANE	JUPITER, FL 33478
PT	ANTONIO M. ARRUZA	250 EDMORE ROAD	WEST PALM BCH, FL 33405
PT	SYLVIA B. ARRUZA	7620 S. FLAGLER DR.	WEST PALM BCH FL 33406
PT	SYLVIA AZQUETA	7615 S. FLAGLER DR.	WEST PALM BCH, FL 33405

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 ✓ _____ Date _____ Daytime Phone # (561) 996-6746

Typed or printed name of signing Managing Member/Manager