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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011457

Name and Mailing Address

0008192 01 AT 0.292 **AUTO TO 0 0615 33308-671222



FUEL FX, LLC.

3201 NE 36TH STREET

#12B

FT. LAUDERDALE FL 33308-6712

900025770899
12/26/03--01031--020 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/10/2002	
Principal Place of Business 3201 NE 36TH STREET #12B FT. LAUDERDALE FL 33308	3. New Principal Place of Business Address	6. FEI Number 03-0443958	Applied For Not Applicable
City, State, Zip		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 ISAAC, SMILOVITZ R 3201 NE 36TH STREET #12B FT. LAUDERDALE FL 33308		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>[Signature]</i></u> SIGNATURE REQUIRED Date <u>11-5-03</u> 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
MGRM	Isaac Smilovitz	205 Churchill Dr.	Longwood, FL 32779
MGRM	Aiden O'Rourke	205 Churchill Dr	Longwood, FL 32779
MGRM	Stere Perry	315 SE 13 Street	FT Lauderdale, FL 33316
MGRM	Donna Gilmore	3201 NE 36 St.	FT Lauderdale, FL 33308
REINSTATEMENT <u>03</u> AL			
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 <u><i>[Signature]</i></u> SIGNATURE REQUIRED Date _____ Daytime Phone # <u>11-5-03</u> Typed or printed name of signing Managing Member/Manager _____			

CR2E084 (7/03)