

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 22 AM 8:27

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12/22/05--01033--004 \*\*158.75

DOCUMENT #

L03000008862

1. Corporation Name

SERVICE PETROL, LLC.

2. Principal Office Address

1125 WATERSIDE CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 11 2003

5. FEI Number

20-0845718

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

SAULO BARRERA

Street Address (P.O. Box Number is Not Acceptable)

1125 WATERSIDE CIRCLE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	MARISOL ZAPATA	1125 WATERSIDE CIRCLE	WESTON, FL 33327
V. PRES.	SAULO BARRERA	1125 WATERSIDE CIRCLE	WESTON, FL 33327

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAULO BARRERA

Date

12/20/05

Daytime Phone #

954 5880347