

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000019233

1. Limited Liability Company's Name

PETRO SYSTEMS DEALERS, LLC

2. Principal Office Address - No P.O. Box #

915 NW 1ST AVENUE

Suite, Apt. #, etc.

H2308

SUITE.

City & State

MIAMI, FL

Zip

33136

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

11

City & State

FL

Zip

11

Country

USA

4. State/Country of Formation

FL, USA.

5. Date Organized or Qualified
To Do Business in Florida

5/29/09 &

6. FEI Number

331087185

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

Name

JOSE ADOLL MATA

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

14011 CYPRESS COURT

Suite, Apt. #, Etc.

City

MIAMI LAKES,

State

FL

Zip Code

33016

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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

10-26-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOSE ADOLL MATA	14011 CYPRESS COURT	MIAMI LAKES, FL 33016
MGR	ELIAS GORDON MATA	" " "	" " "

REINSTATEMENT

07-09 OA

500162220805
10/27/09--01007--007 **\$16.25

11. 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

10-26-09

Daytime Phone #

786-262-3248

Typed or printed name of signing Managing Member/Manager