

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JUL 18 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L61153

1. Corporation Name

WOOLBRIGHT Mobil Corporation

100002244381---5

-07/22/97--01124--012

***1410.00 ***1410.00

Principal Place of Business

Mailing Address

2605 SW 15 AVENUE

BOYNTON BEACH FLA 33436

REINSTATEMENT 93-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

4/1/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0195526

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Anthony Maraglino	6097 NW 79 way	Portland, Fla 33067
VT	Grace Maraglino	6097 NW 79 way	Portland, Fla 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Anthony Maraglino

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

6097 NW 79 way

Suite, Apt. #, Etc.

City Portland

State FL

Zip Code 33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anthony Maraglino
REGISTERED AGENT MUST SIGN

Date

7/16/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

Anthony Maraglino

7/16/97 (561) 364-0056

CR2E040 (12/95)