

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # M01000000371

Name and Mailing Address

0014789 01 A8 0.301 \*\*AUTO H5 0 0615 10007-118799



TESORO USA, LLC  
319 BROADWAY  
2ND FLOOR  
NEW YORK NY 10007-1187



2. New Mailing Address

100 WEST 57th STREET

City, State, Zip

NEW YORK, NY 10019

Principal Place of Business

319 BROADWAY  
2ND FLOOR  
NEW YORK NY 10007

3. New Principal Place of Business Address

100 WEST 57th Street

City, State, Zip

New York, NY 10019

4. State/Country of Formation

NY

5. Date Organized or Qualified  
To Do Business in Florida

02/15/2001

6. FEI Number

13-4051355

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

LEGIN, ERNEST  
3800 GALT OCEAN DRIVE  
SUITE 1604  
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

900024577209

11/12/03--01004--002 \*\*150.00

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/4/03

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
MGR	LEGIN, PATRICK	319 BROADWAY 2ND FLOOR	NEW YORK NY 10007
MGR	LEGIN, PATRICK	100 WEST 57th Street	NEW YORK, NY 10019

**REINSTATEMENT**

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

*[Signature]*  
**SIGNATURE REQUIRED**

Date 10/4/03

Daytime Phone # 212.957.8588

Typed or printed name of signing Managing Member/Manager