

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

04 DEC 10 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT



TK

**DOCUMENT # P00000092646**

1. Entity Name  
JORGE'S TEXACO, INC.



Principal Place of Business  
10688 U.S. HWY. 1  
PORT ST. LUCIE, FL 34952

Mailing Address  
10688 U.S. HWY. 1  
PORT ST. LUCIE, FL 34952

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

12022004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-1059136

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CLARK, CHARLES  
901 MARTIN DOWNS  
PALM CITY, FL 34990

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/2 2004 Daytime Phone # \_\_\_\_\_