

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013788

1. Corporation Name

FLORIDA PETROLEUM CONTRACTORS, INC.

Principal Place of Business

9600 WEST SAMPLE ROAD  
SUITE 507  
CORAL SPRINGS FL 33065-4082

Mailing Address

9600 WEST SAMPLE ROAD  
SUITE 507  
CORAL SPRINGS FL 33065-4082

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

2. New Principal Office Address, If Applicable

15985 Meadowwood Dr  
Wellington FL 33414

3. New Mailing Office Address, If Applicable

15985 Meadowwood Dr  
Wellington FL 33414

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/2001

5. FEI Number

65-1081498

Applied For

Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
	Prerna Paul Doyle	15985 Meadowwood	Wellington FL 33414

800008633268

10/28/02--01111--006 \*\*750.00

8. Name and Address of Current Registered Agent

ALABASTER, HOWARD I  
9600 WEST SAMPLE ROAD  
SUITE 507  
CORAL SPRINGS FL 33065-4082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561  
10/25/02  
784-4676