

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**FINISH LINE GAS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

**RH**

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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000017314

1. Corporation Name

FINISH LINE GAS, INC.

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

2990 NW 24TH ST.

3. Mailing Office Address

2990 NW 24TH ST.

State, Apt. #, etc.

State, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

County

Zip

33142

County

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2001

5. FEI Number

010648394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HECTOR FLORES

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

2990 NW 24TH ST.

State, Apt. #, etc.

City

MIAMI

State

FL

Zip Code

33142

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 807.0606 or 817.0505, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*

Date 04/29/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HECTOR FLORES	2990 NW 24TH ST.	MIAMI, FL 33142

REINSTATEMENT

RH

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 11A, 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:

*[Handwritten Signature]* Hector Flores 04/29/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #