

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056301

1. Corporation Name

OKEECHOBEE GAS & OIL CO., INC.

Principal Place of Business

46 SW FIRST STREET SUITE 400
MIAMI FL 33130

Mailing Address

46 SW FIRST STREET SUITE 400
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

1865 HWY 70 west

Suite, Apt. #, etc.

City & State

Okeechobee - FL

Zip

34972

Country

U.S.

3. New Mailing Office Address, If Applicable

1865 Hwy 70 west

Suite, Apt. #, etc.

City & State

FLORIDA Okeechobee

Zip

34972

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2001

5. FEI Number

65-111387

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	KASSAMALI, MOHAMED	46 SW FIRST STREET SUITE 400 4882 NW 101 AVE	MIAMI FL 33130 33076 CORAL SPRINGS - FL 33066
DVT	LADHA, ISSA	46 SW FIRST STREET SUITE 400 9020 EASTERN DR	MIAMI FL 33130 ORLANDO - FL 32819

500012328055
02/12/03--01005--015 **300.00

8. Name and Address of Current Registered Agent

DIAMOND, KEITH D
46 SW FIRST STREET FOURTH FLOOR
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

MOHAMED KASSAMALI

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

1865 HWY 70 west

Suite, Apt. #, etc.

City

Okeechobee

State
FL

Zip Code

34972

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 10/31/02

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
MOHAMED KASSAMALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/03

Daytime Phone #

CR2040 (8/02)



OKEECHOBEE GAS & OIL CO. INC.
OKEECHOBEE HESS

1865 HWY 70 WEST, OKEECHOBEE, FLORIDA 34972-4539

Feb 05 2003

State of Florida
Department of State
Division of Corporations
P.O. Box 6327,
Tallahassee, Fl. 32314-6327

RE: REINSTATEMENT

To Whom It May Concern:

Enclosed please find completed application for reinstatement, with a check for \$300.00.
At this time, I am kindly requesting for a waiver for the reinstatement fee, as we did not receive any notices for 2002.

We would highly appreciate your kind consideration in this matter.

Thanking you in advance,

Sincerely,

A handwritten signature in cursive script, appearing to read "Mohamed Kassamali".

Mohamed Kassamali/president