

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **001000067845**

1. Corporation Name

my oil, Inc

2. Principal Office Address

211 E. New Market Rd.

3. Mailing Office Address

PO BOX 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee, FL

City & State

Immokalee, FL

Zip

34142

Country

USA

Zip

34143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 5, 2001

5. FEI Number

59-3726194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Armando B. Yzaguirre

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

211 E. New Market Rd

Suite, Apt. #, Etc.

City

Immokalee

State

FL

Zip Code

34142

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

4/3/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Maria E. Yzaguirre	4640 Little League Rd	Immokalee, FL 34142
P/D	Armando B. Yzaguirre	211 E. New Market Rd	Immokalee, FL 34142

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 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] Armando B. Yzaguirre

4/3/03

Date

239-370-0733

Daytime Phone #

CR2081 (10/02)

2/4/9

MY Oil, Inc.

PO Box 330
Immokalee, FL 34143

April 3, 2003

Department of State

Dear Sir or Madam:

I am requesting a waiver of the reinstatement fee of \$600.00 due to the fact of we never received notification. It is my understanding the Department had the incorrect mailing address for our Corporation. You will find a \$300.00 check for 2002 and 2003 and if there are further questions please call me at 239-370-0733

Sincerely,

Armando B. Yzaguirre
Vice President/CEO