

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 DEC 10 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200009437692
12/10/02--01051--020 **150.00

DOCUMENT # P01000083450

1. Corporation Name

OCTANE ENTERPRISES, INC.

Principal Place of Business

5156 ST ANDREWS ISLAND DR
VERO BEACH FL 32967

Mailing Address

5156 ST ANDREWS ISLAND DR
VERO BEACH FL 32967

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	RIDINGS-SHAFFER, B J	5156 ST ANDREWS ISLAND DR	VERO BEACH FL 32967

8. Name and Address of Current Registered Agent

HENDERSON, STEVE L
817 BEACHLAND BLVD
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/24/02

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-02

Daytime Phone #

CR2E040 (8/02)

Octane Enterprises, Inc.
5156 St. Andrews Island Drive
Vero Beach, Florida 32967

November 20, 2002

Division of Corporations
Annual Report/ Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: Octane Enterprises, Inc.

Dear Sir/Madam:

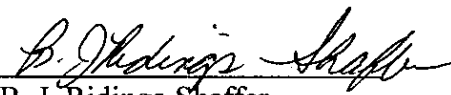
Please be advised, I did not receive my original notice and Uniform Business Report in order to pay the designated fee prior to May 1, 2002. I did however receive the enclosed notice and would ask for you to please reinstate Octane Enterprises, Inc., as a valid, active corporation, waiving any reinstatement fees. Please forward a copy of the reinstatement form that has been filed.

Enclosed find a Uniform Business Report I obtained from your website and the filing fee of \$150.00 necessary for filing the annual report.

Please be sure to sent all future notices to: Octane Enterprises, Inc. , 5156 St. Andrews Island Drive, Vero Beach, Florida 32967.

Thank you for your cooperation in this matter.

OCTANE ENTERPRISES, INC.

By: 
B. J. Ridings-Shaffer
President

Enclosures