

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000022230**

1. Corporation Name

OIL KING, INC.

Principal Place of Business

Mailing Address

~~875 LANCER CIR.~~ **2715 Belco Dr**
~~OCOE FL 34761~~ **Orlando, FL**
32808

~~875 LANCER CIR.~~
~~OCOE FL 34761~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. FEI Number

☒ 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
Pres	Sam TAYEH	875 Lancer Cir	OCOE, FL 34761
Sec	ABE TAYEH	875 Lancer Cir	OCOE, FL 34761
Treas	Subhi TAYEH	875 Lancer Cir	

000024251480

10/29/03-01046-014 **750.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CORPORATE SECRETARY~~

~~3402-A POLYNESIAN ISLE BLVD.~~

~~WILMINGTON, DE 19801~~

Sam TAYEH
2715 Belco Dr
Orlando, FL
32808

Name

Sam TAYEH

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

2715 Belco Dr

Suite, Apt. #, Etc.

Orlando

City

Orlando, FL

State

FL

Zip Code

32808

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
REGISTERED AGENT MUST SIGN

Date **10-22-03**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-03

Daytime Phone #

CR2E040 (7/03)