

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

112

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W05000049742

DOCUMENT # P02000040075

1. Corporation Name

ALCI PETROL CORPORATION

2. Principal Office Address

530 S. Atlantic Ave.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-2002

5. FEI Number

03-0428316

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

Cemel Alci

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

530 S. Atlantic Ave.

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

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

Cemel Alci

Date

10-30-05

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
PST	Cemel Alci	530 S. Atlantic Ave. Ormond Beach, FL 32176	

300061110063
11/02/05--01029--007 **300.00

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:

Cemel Alci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-05

Daytime Phone #

386-615-1510

K. Eckel NOV 29 2005

530 S. Atlantic Ave.
Ormond Beach, FL 32176
Tel: (386) 615-1510

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Alci Petrol Corporation

November 20, 2005

State of Florida
Department of Corporations

Subject: Notice of Dissolution or Revocation

I would really appreciate it if you please waive the reinstatement fee, since I did not receive the original notice annual report. I'm sending with this letter a Corporation Reinstatement Application. Thank you for your advance understanding, and if you have any questions please call me at the above mentioned number.

Sincerely,



Cemal Alci
Owner and President

