

H03000 2838396

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO8000104960**

1. Corporation Name
REDLAND'S EXXON STATION, INC
87200 SOUTHWEST 177TH AVENUE
HOMESTEAD, FL 33031

2. Principal Office Address
87200 SOUTHWEST 177TH AVE

3. Mailing Office Address
87200 S.W. 177TH AVE

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

Zip
33031

Country
DADE

4. Date Incorporated or Qualified To Do Business in Florida
9/30/2002

5. FEI Number
61-649567

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 S.W. 22ND STREET 4TH FLOOR

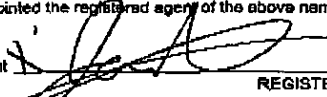
Suite, Apt. #, Etc.

City
MIAMI FL

State
FL

Zip Code
33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent 

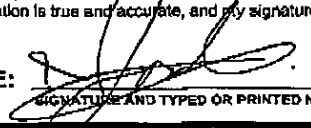
Date **9/24/2003**

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
PTD	JOURDAN CASTRA	87200 S.W. 177TH AVE	HOMESTEAD, FL 33031
VSD	LARIZZA MIRALLES	87200 S.W. 177TH AVE	HOMESTEAD, FL 33031

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/24/2003**

Daytime Phone #

H0 3000 2838396

7/9/25

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

CORPORATION REINSTATEMENT

URBAN PARTNERS GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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