

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000105894

1. Entity Name  
HAVANA TEXACO INC.



FILED  
04 DEC 17 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
102 NORTH MAIN ST  
HAVANA, FL 32333

Mailing Address  
102 NORTH MAIN ST  
HAVANA, FL 32333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12172004 REIN-P CR2E098 (6/04)

4. FEI Number  
50-0006441

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAIFA, ALI  
102 NORTH MAIN ST  
HAVANA, FL 32333

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ali Haifa*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HAIFA, ALI  
102 NORTH MAIN ST  
HAVANA, FL 32333 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 04

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HAIFA, MAHER  
102 NORTH MAIN ST  
HAVANA, FL 32333 ☒ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
800043611298  
12/23/04--01031--015 \*\*158.75

TITLE  
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S  
ALI, KAREEM  
102 NORTH MAIN ST  
HAVANA, FL 32333 ☒ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

*Ali Haifa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #