

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000107864

1. Corporation Name

PLAZA CITGO INC

2. Principal Office Address - No P.O. Box #

9911 NORTH NEBRASKA AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33612

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

FARAJ, SAMIR

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

9911 NORTH NEBRASKA AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

REGISTERED AGENT MUST SIGN

Date 01/22/2008

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
D, P	FARAJ, SAMIR	1318 GANGPLANK DRIVE	VALRICO, FL 33594

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 contained in Chapter 119, 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

1/22/08

Daytime Phone #

813-546-2114

FILED

2008 JAN 25 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300116031463  
01/25/08--01003--012 \*\*450.00

REINSTATEMENT  
GR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/2002

5. FEI Number  
41-2066134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell

JAN 25 2008

PLAZA CITGO INC  
9911 NORTH NEBRASKA AVE  
TAMPA, FL 33612

20f2

January 22, 2008

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/ Madam:

Please find attached the application for reinstatement along with a check for \$450.00 representing annual renewal fees ~~for 2003 and 2004~~. We are requesting your reconsideration of the amount charged for reinstatement of the corporation. This was the first time that we became aware from our bank of the fact that an annual renewal is required. The previous years were done by our previous accountant who went out of business and all correspondence was going to his office.

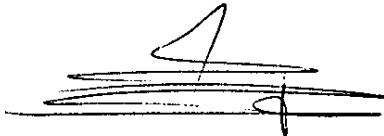
Please accept our check as a settlement for the past three years. As a small corporation, the reinstatement amount required will impose hardship on our operation.

If you have any question, please call me at (813) 977-5329.

Your immediate attention will be greatly appreciated.

Sincerely,

SAMER FARAJ  
PRESIDENT

A handwritten signature in black ink, appearing to be 'Samer Faraj', written over a horizontal line.