

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 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119005

1. Corporation Name

FLORIDA COMPRESSOR CORP.

Principal Place of Business

Mailing Address

13712 66TH STREET N., UNIT 27 A&B
LARGO FL 33711

13712 66TH STREET N., UNIT 27 A&B
LARGO FL 33711

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

11/06/2002

5. FEI Number

Applied For

05-0538267

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ROYER, BRIAN	13712 66TH STREET N., UNIT 27 A&	LARGO FL 33711
VPS	ROYER, ANGELA TD	13712 66TH STREET N., UNIT 27 A&	LARGO FL 33711

900023804509
10/15/03 01007-009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

Name

Florida Compressor Corp. c/o Brian Royer

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

13712 66th St.

Suite, Apt. #, Etc.

Unit 27A&B

City

LARGO

State

FL

Zip Code

33771

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

Brian Royer
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Brian Royer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

727-532-9807

Daytime Phone #

CR2E040 (7/03)

10/9/03

To whom it may concern,

Please reinstate our Corporation (Florida Compressor Corp). This is a new corp. and our first yr in business as well as first time owning a business. We are still learning what needs to be filed each year and with whom. I have read each letter and notice received by the state and IRS and this notice enclosed is the only notice I have received from you. I have spoken with a rep. from your office and was advised to write this letter explaining, as well as a payment of 150.00 (which is enclosed).

Thank you for your time

Angela R. Lyle
Florida Compressor Corp.