

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000006955

1. Entity Name
META'S FOOD & GAS, INC.



FILED

05 OCT -7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2753 5TH AVE S
ST PETERSBURG, FL 33712

Mailing Address
2753 5TH AVE S
ST PETERSBURG, FL 33712

2. Principal Place of Business
Same as above

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
02-0683852

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

AKTER, SHARMINAZ
2753 5TH AVE S
ST PETERSBURG, FL 33712

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

Sharminaz AKTER

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

(NOTE: Registered Agent signature required when reinstating)

9/28/05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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
DPS
AKTER, SHARMINAZ
2753 5TH AVE S
ST PETERSBURG, FL 33712 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ 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 like empowered.

SIGNATURE:

Sharminaz AKTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/05

Date

727.481.0423

Daytime Phone #

Sep.23/05

ATTN: SEAN TONER

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: META'S FOOD & GAS, INC
DOCUMENT # P03000006955
EIN# 02-0683852

This is a request to waive the late fees on the above taxpayer's renewal because the taxpayer did not receive any prior notices.

Enclosed please find a check for \$300.00 to be apply towards the 2004 and 2005 corporation renewals.

Please if you have any questions or concerns regarding this letter you can contact us @ 561.750.0884.

Thank you,

Spiro Galanis
President
TAX HELP USA INC