

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL -9 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000067328

1. Corporation Name

Jackson-United Petroleum Corporation

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

237-29th Street

Suite, Apt. #, etc.

3. Mailing Office Address

237-29th Street

Suite, Apt. #, etc.

City & State

W. Palm Beach

City & State

Florida

Zip

33407

Country

Palm Beach

Zip

33407

Country

Palm Beach

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 16, 2013

5. FEI Number

412107302

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan Diaz, Esq.

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

One Harvard Circle

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

000262124720
07/03/14--01024--004 **\$900.00

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

Date **July 03, 2014**

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
PD	Jose P. Bared	18001 Old Cutler Road, Suite 370	Palmetto Bay, Florida 33157
EVPD	Juan Diaz	237-29th Street	W. Palm Beach, Florida 33407

10. E-mail Address: **jdiaz@suffolk.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 03, 2014

Date

561-261-9075

Daytime Phone #

K. ASHTON