

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000106610

1. Corporation Name

MR. FUEL PUMP INC.

REINSTATEMENT 06-09

600162860506
11/17/09--01002--001 **608.75
CR2E081 (11/09)

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

5220 NW 72ND AVE

3. Mailing Office Address

5220 NW 72ND AVE

Suite, Apt. #, etc.

BAY#7

Suite, Apt. #, etc.

BAY#7

City & State

MIAMI, FL, USA

City & State

MIAMI, FL, USA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida SEPT 26, 2003

5. FEI Number

200411578

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

ANDRES F OCHOA

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

5220 NW 72ND AVE

Suite, Apt. #, Etc.

BAY#7

City

MIAMI

State

FL

Zip Code

33166

☒ 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.

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 NOV 10 2009

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
P	ANDRES F OCHOA	11818 SW 97th Street	MIAM/FL/33186

10. E-mail Address: ANDRES.OCHOA@SAPCORP.NET

(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., 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.

SIGNATURE:

ANDRES F OCHOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 10 2009 305-244-8714

Date

Daytime Phone #