

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 16 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000134779

1. Corporation Name

PETROTULSA R.L. CORP.

REINSTATEMENT 07-09

200143709262
02/16/09--01047--014 **450.00

CR2E081 (12/08)

02/17

2. Principal Office Address - No P.O. Box #
1549 NE 123RD STREET

3. Mailing Office Address
1549 NE 123RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N MIAMI FL

City & State
N MIAMI FL

Zip
33161

Country
USA

Zip
33161

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2003

5. FEI Number

☐ 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
JULIO MAKAREN

Street Address (P.O. Box Number is Not Acceptable)
1549 NE 123RD STREET

Suite, Apt. #, Etc.

City
N MIAMI

State Zip Code
FL 33161

☒ 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

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	JULIO MAKAREN	1549 NE 123RD STREET	N MIAMI FL 33161
S	KAYSA MAKAREN	1549 NE 123RD STREET	N MIAMI FL 33161

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

FEB 6, 2009

Date

Daytime Phone #