

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

08 SEP 11 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000173337

1. Corporation Name

JENKS AVE. TEXACO INC.

600135969726
09/16/08--01021--013 **458.75

CR2E081 (12/07)

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

207 W. 23rd ST.

Suite, Apt. #, etc.

3. Mailing Office Address

207 W. 23rd ST.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2004

5. FEI Number

20-2094893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SOHIL LALANI

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

2401 STANFORD RD.

Suite, Apt. #, Etc.

#1414

City

Panama City

State

FL

Zip Code

32405

☒ 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

S.S. Lalani

Date

09/11/08

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
CEO	SOHIL LALANI	2401 STANFORD RD. #1414	Panama City, FL 32405

REINSTATEMENT

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:

S.S. Lalani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

404-641-4418