2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000037850

Entity Name: VLO OF JAX INC

City-St-Zip:

JACKSONVILLE, FL 32256

FILED Jul 06, 2009 Secretary of State

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Current Principal Place of Business:			New Principa	New Principal Place of Business:		
12061 CARRIAGE LAMP COURT JACKSONVILLE, FL 32224				341 KEY WEST DR JACKSONVILLE, FL 32225		
Current M	lailing Addre	ss:	New Mailing	New Mailing Address:		
12061 CARRIAGE LAMP COURT JACKSONVILLE, FL 32264				341 KEY WEST DR JACKSONVILLE, FL 32225		
FEI Number:	: 20-2510205	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Des	sired ()	
Name and	Address of	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
12061 CAF	HUK, VIKTOR RRIAGE LAMI IVILLE, FL 32		341 KEY WES	OKSENCHUK, VIKTOR 341 KEY WEST DR JACKSONVILLE, FL 32225 US		
	named entity e of Florida.	submits this statement for the	e purpose of changing its r	egistered office or registered age	nt, or both,	
SIGNATUR	RE: VIKTOR	OKSENCHUK		07/06/2009		
	Electro	nic Signature of Registered A	gent	Date		
		93(2)(b), F.S., the corporation diding Trust Fund Contribution ().	not receive the prior notice.			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	OKSENCHUK, 12061 CARRI) Delete VIKTOR AGE LAMP COURT LE, FL 32264	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DIR (VOLOSHCHUR 2841 YAMADA NORTH PORT	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VP (STRUKEL, KA 7630 COVEW		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: VIKTOR OKSENCHUK P 07/06/2009