

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 14 A 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800159602818
08/14/09--01050--008 **450.00

CR2E081 (12/08)

DOCUMENT # P05000054953

1. Corporation Name

Reb Oil Enterprises, Inc

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

728 SE Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3120

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34995

Country

USA

Zip

34995

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/05

5. FEI Number

20-2678864

☐ 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

Daniel W. McCravy III

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

728 SE Dixie Hwy

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34995

☒ 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 8/11/09

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	Daniel W. McCravy III	728 N Dixie Hwy	Stuart, FL 34995

REINSTATEMENT

07-09
JRS

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 parties 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:

Daniel W. McCravy III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/12/09

Daytime Phone #

726920275