

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060948

1. Entity Name

ISH PETROLEUM ENTERPRISES, INC.



FILED

07 OCT 17 PM 1:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2099 NORTH STATE ROAD 7
MARGATE, FL 33063

Mailing Address

2099 NORTH STATE ROAD 7
MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2734045

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISHMAEL, ALIMUDDEEN
2099 NORTH STATE ROAD 7
MARGATE, FL 33063

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	☐ Delete
NAME	ISHMAEL, ALIMUDDEEN	
STREET ADDRESS	2099 NORTH STATE ROAD 7	
CITY - ST - ZIP	MARGATE, FL 33063	

TITLE	☐ Change ☐ Addition
NAME	900110906788
STREET ADDRESS	10/17/07--01059--009 **150.00
CITY - ST - ZIP	

TITLE	S/D	☐ Delete
NAME	ISHMAEL, DEOMATEE	
STREET ADDRESS	2099 NORTH STATE ROAD 7	
CITY - ST - ZIP	MARGATE, FL 33063	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete
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TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

10/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #