## 2008 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P05000161306   🚜  |   |  |                               | <b>3</b> 2.  | 1 11-L-D                                       |   |                                   |
|--|---|--|-------------------------------|--|--|---|-----------------------------------|
| 1. Entity Name GMK FLEET LUBE, INC   |   |  |                               | 125  | 10V 24 AM 9:                                   |   |                                   |
| Principal Place of Business Mailing Address  |   |  |                               | <b></b>  | Ni il or                                       | -11<br>15 \                               |                                   |
| 4568 S.E. SALVATORI ROAD 4568 S.E. SALVATORI ROA   |   |  | OAD-                          | 7/11   |  |   |                                   |
| STUART, FL -34997 STUART, FL -34997  |   |  | -                             |  | 12.1 11  | 1   |                                   |
|  |   |  |                               | 1 (25)(05) (   | TO BERCON WHITE BOOK DEATH BOOK AND A          | . <b>2</b> 1161 1:250 1111 25112 61       | (11 <b>111</b> ) (1 1 <b>11</b> ) |
| 2. Principal Place of Business - No P.O. Box #   3. Mailing Address  |   |  |                               |  |  |   |                                   |
| 2336 SE OCUMBUD 2336   |   |  | OCHAN B.                      | WE   | ii Gaith aimi 24ill annt 24i9i fiefb           | intran trans until Asien 21               | NIZEL II INCI                     |
| Suite, Apt.  | #, etc. #/2/  | Suite, Apt. #, etc.  | #121                          |  | NSTATI   | POPE                                      | 30 TV                             |
| City & Stat  | WART FLORIDA  | City & State  STUART 1   | STUART TORINA                 |  | per<br>31175                                   |   | pplied For<br>ot Applicable       |
| Zip 34/  | 296 Country   | Zip 211991   | Country                       | 5. Certificate   | e of Status Desired                            | 38.75 Ade<br>Fee Require                  |                                   |
|  | 6. Name and Address of Curren   | nt Registered Agent  |                               | 7. Name and  | d Address of New Regist                        |   |                                   |
|  |   |  |                               |  |  |   |                                   |
| KRUTE, GENE M  |   |  |                               |  | ner is Not Acceptable)                         |   |                                   |
| - <del>4568 S.E. SALVATORI ROAD</del><br>STUART, FL <del>34997</del> —   |   |  |                               | Street Address (P.O. Box Number is Not Acceptable)   |  |   |                                   |
| 010/11(1,12 01001-   |   |  | 123                           | 2336 SE OCEAN BUD #121   |  |   |                                   |
|  |   |  | City                          | STUART   | -  | FI 49.99                                  | 801                               |
| 8 The shove  | named entity submits this statement   | for the number of changing its   | registered office or          | registered agent, or by  | oth in the State of Florida                    | Lam familiar with                         | and accept                        |
|  | tions of registered agent.  | tor the purpose or changing its  | registered office di          | registrate agent, or or  | out, in the dialo of honds.                    | Tan lang wo,                              | and accept                        |
| SIGNATURE_   | Signature, typed or printed name of registered age                              | and the Manufacture of the Control o | - Desired A discour           | ture rece leed when reinstating  |  | DATE                                      |                                   |
|  | Signature, typed or presso name or regissered age                               | Int and sue if apparcable. (NOTE   | : registered Agent rights     | ma lett den men mentretid  | ,  |   |                                   |
| 1  | LE NOWIII FEE IS \$150.00<br>nuary 1, 2009, Fee will be \$300                   | LGO  |                               |  | In accordance with s<br>corporation did not re | . 607.193(2)(b),<br>eceive the prior i    | F.S., the notice.                 |
| 10.  | OFFICERS AN   | ID DIRECTORS   | 11.                           | ADDITIONS  | /CHANGES TO OFFICERS                           | S AND DIRECTOR                            |                                   |
| TITLE  | D   | ☐ Oelete   | TITLE                         |  |  | ☐ Change                                  | Addition                          |
| NAME<br>Street Address   | KRUTE, GENE M  RESS 4588 S.E. SALVATORI ROAD  STR                               |  |                               | 2336 5   | E OCEDEN BL                                    | VS #12                                    | /                                 |
| CITY-ST-ZIP  | STUART, FL 34997  |  | CITY-ST-ZIP                   | STURE  | FORWALL FROM BL                                | 34996                                     | ì                                 |
| TITLE  |   | ☐ Delete   | TITLE                         |  |  | ☐ Change                                  | ☐ Addition                        |
| NAME   |   |  | NAME                          |  | •  |   |                                   |
| STREET ADDRESS   |   |  | STREET ADDRESS CITY-ST-ZIP    | 11 611 000 6   | ماهره محمد                                     | 4 150                                     | $\infty$                          |
| CITY-ST-ZIP  |   |  |                               | 1724708 C  | 1053 006                                       |   |                                   |
| TITLE  |   | ☐ Delete   | TITLE<br>NAME                 |  |  | ☐ Change                                  | ☐ Addition                        |
| STREET ADDRESS   |   |  | STREET ADDRESS                |  |  |   | 1                                 |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP                   |  |  |   |                                   |
| MILE   |   | ☐ Deleta   | TITLE                         |  |  | ☐ Change                                  | ☐ Addition                        |
| NAME   |   |  | NAME                          |  |  |   |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | STREET ADDRESS<br>CITY-ST-ZIP |  |  |   |                                   |
|  |   | Detets   | TITLE                         |  |  | ☐ Change                                  | ☐ Addition                        |
| TITLE<br>NAME  |   | i yeen   | NAME                          |  |  | ட வள்க                                    |                                   |
| STREET ADDRESS   |   |  | STREET ADDRESS                |  |  |   |                                   |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP                   |  | ····   |   |                                   |
| TITLE  |   | ☐ Delete   | TITLE                         |  |  | ☐ Change                                  | Addition                          |
| NAME<br>CIRCL ADDOCCO  | Í   |  | NAME<br>STOCET ADDRESS        |  | ويراج والمادون                                 | والمورورة وماحضون                         |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | STREET ADDRESS<br>City-St-Zip |  | ٠.   |   |                                   |
| 42 I barabu  | Lcertify that the information supplied w  | ith this filing does not qualify for   | the everations co             | ntainec in Chapter 119   | 9, Florida Statutes. I furthe                  | r certify that the in                     | nformation                        |
| indicated<br>of the cor  | on this report or supplemental report<br>poration or the receiver or trustee em | is true and accurate and that m  | y signature shall ha          | ive the same legal effector for the same legal effect of the same legal | ct as if made under oath; t                    | hat I am an officer<br>ears in Block 10 o | or director<br>Block 11 if        |
| changed  | , or on an attachment with an address   | s, with all other like empowered.  |                               |  | ,  | , , l                                     | }                                 |
| 010114-  | TUDE 1/2 A  | it Po.   | P/13.                         | - 1/ Un  | in Illinda                                     | 0/771/11                                  | 5-1949                            |
| SIGNATURE: SIGNATURE OF PRINTED MANE OF SERVICE OF ORDER OF ORDER OF DESCRIPTION OF THE OF SERVICE OF ORDER OF SERVICE OF |   |  |                               |  |  |   |                                   |