

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 OCT 26 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800162148868

10/26/09--01022--009 \*\*300.00

CR2E081 (12/08)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000029287

1. Corporation Name

OROZCO GAS STATION INC.

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

2020 NW 17 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

US

3. Mailing Office Address

2020 NW 17 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/2006

5. FEI Number  
65-1270089

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

FRANCIS OROZCO

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

2020 NW 17 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

☒ 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 10/22/2009

**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
PSTD	FRANCIS OROZCO	2020 NW 17 AVE	MIAMI, FL 33142

**REINSTATEMENT**

**RH**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2009

Date

Daytime Phone #