

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 NOV 10 AM 9:33

DOCUMENT # P06000116756

1. Corporation Name

FUEL Corporation

400162701304  
11/10/09--01033--005 \*\*308.75

CR2E081 (10/09)

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

1800 Old Meadow Road

Suite, Apt. #, etc.

3. Mailing Office Address

1800 Old Meadow Road

Suite, Apt. #, etc.

City & State

McLean, VA

Zip

22102

Country

USA

City & State

McLean, VA

Zip

22102

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/2006

5. FEI Number

208502842

☐ 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

Business Filings Incorporated

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

1203 Governors Square Blvd

Suite, Apt. #, Etc.

Suite 101

City

Tallahassee

State

FL

Zip Code

32301-2960



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 section 617.0503, F.S.

Signature of

Registered Agent

Maria Masse Asst. Sec. of Business Filings Incorporated

Date

11-09-2009

REGISTERED AGENT MUST SIGN

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	Kenneth Stewart	1800 Old Meadow Road	McLean, VA 22102
D	Nichol Rolle	611 Interlude LN	Ocala, FL 32824

REINSTATEMENT

B 11/13/09  
08-09

10. E-mail Address:

Kenstewartjr@gmail.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Kenneth Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Stewart, President

Date

11/06/09 (202) 3865405

Daytime Phone#