

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000140680

1. Corporation Name

USA FOOD & FUEL, INC

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

3485 FOWLER STREET

Suite, Apt. #, etc.

City & State

FORT MYERS FLORIDA

Zip

33901

Country

LEE

3. Mailing Office Address

3485 FOWLER STREET

Suite, Apt. #, etc.

City & State

FORT MYERS FLORIDA

Zip

33901

Country

LEE

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2006

5. FEI Number
205847551

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
SAFE A. YOUSIF

Street Address (P.O. Box Number is Not Acceptable)
15519 SPRING LINE LN.

Suite, Apt. #, Etc.

City
FORT MYERS

State
FL

Zip Code
33905

☐ 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

Date 02/01/2009

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	ABDUL KHAN	3485 FOWLER STREET	FORT MYERS FL. 33901
VP	WAEEL SHIBLI	3485 FOWLER STREET	FORT MYERS FL. 33901
			800142838758 02/04/09--01042--013 **1000.00
			800142838758 02/04/09--01042--014 **58.75

REINSTATEMENT

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:

WAEEL SHIBLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2009

Date

(239)278-5477

Daytime Phone #