

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 07000125147

1. Corporation Name

Sunoco gun & c-store inc
P07

700180843877
05/13/10--01030--005 **50.00

700180843877
05/13/10--01030--004 **1000.00

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

607, N Ridgewood Ave

3. Mailing Office Address

607, N Ridgewood Ave

Suite, Apt. #, etc.

607 N, Ridgewood Ave

Suite, Apt. #, etc.

607, N Ridgewood Ave

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip

32132

Country

USA

Zip

32132

Country

USA

REINSTATEMENT

08-10

4. Date Incorporated or Qualified To Do Business in Florida

12/01/2008

5. FEI Number

261-444-395

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

Herman Singh

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

500, State Road

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 5/11/10

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
President	SHAIKH FIROZUDDIN	607, N Ridgewood Ave	Edgewater, FL-32132

10. E-mail Address: Sunoco2@cfl.rr.com

(To be used for future annual report notification)

11. 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. 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:

SHAIKH FIROZUDDIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/10 386-5764546

Date

Daytime Phone #