

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -7 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000024151

1. Corporation Name

Saint George Oil, INC.

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

1600 Pullin AVE

3. Mailing Office Address

Suite, Apt. #, etc

10 K

Suite, Apt. #, etc

SAME

City & State

Tall, FL

City & State

Zip

32303

Country

Leon

Zip

Country

400163376244  
12/07/09--01051--003 \*\*150.00  
**REINSTATEMENT** 09  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

3-7-08

5. FEI Number

26-2132691

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

KAMAL M DARWISH

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

1600 Pullin AV

Suite, Apt. #, Etc

10 K

City

Tall, FL

State

FL

Zip Code

32303

☒ 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

Kamal Darwish

Date 12.07.09

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	KAMAL M DARWISH	1600 Pullin AVE 10 K	Tall, FL 32303

10. E-mail Address: KAMAL DARWISH85@yahoo.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #