

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000093631

1. Corporation Name

Wesley Chapel Fuel & Food Inc.

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

27616 Wesley Chapel Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

27616 Wesley Chapel Blvd

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip

33544

Country

US

Zip

33544

Country

US

REINSTATEMENT

10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2009

5. FEI Number

27-1320538

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

Christopher A Bruckner

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

7821 Lachlan Drive

Suite, Apt. #, Etc.

City

Trinity

State

FL

Zip Code

34655

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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 03/05/2012

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	Richard Elkhoury	69 Peartree Dr	Westwood, MA 02090
V	Christopher A Bruckner	7821 Lachlan Dr	Trinity, FL 34655

10. E-mail Address: chris.bruckner@verizon.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/12

727-946-8727

Date

Daytime Phone #