

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

19 MAY -9 PM 4:31

DOCUMENT # 19000026083

1. Corporation Name

HY POLUXO PETRO
INC

500329623475
05/16/19--01020--020 **750.00

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

3. Mailing Office Address

901 HY POLUXO PETRO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKEWATER, FL

City & State

LANTANA, FL

Zip

33462

Country

US

Zip

33462

Country

US

CR2081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/2018

5. FEI Number

☐ 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

MOHAMMAD MALICK

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

10951 NW 3rd Ct

Suite, Apt. #, Etc.

City

COZAL SPRING

State

FL

Zip Code

33071

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:

M. Malick
REGISTERED AGENT MUST SIGN

Date 5-7-2019

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	MOHAMMAD MALICK	10951 NW 3rd Ct	COZAL SPRING FL - 33071
VP	MD NUSUHHABI	8903 DRIVE DR	PALM BEACH GARDEN FL - 33410
SEC MD S	BLAM	1115 SW 1st Ave	WEST PALM BEACH FL - 33409

10. E-mail Address:

h10hmalick@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., 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:

M. Malick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-19 (854) 740-7172

MAY 14 2019

D. CUSHING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2019

MOHAMMAD MALICK
10951 NW 3RD CT
CORAL SPRINGS, FL 33071

SUBJECT: HYPOLUXO PETRO INC
Ref. Number: P18000026083

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

In the original articles that was filed in our office your address was listed as 10951 NW 3rd St instead of Court. What you will need to do is file a reinstatement and pay \$750.00. This fee includes the 2019 annual fee. So please complete the attached form and return it to my attention.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00000285

RECEIVED

2019 MAY -9 AM 11:35

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314