

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JUL 31 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000473

1. Corporation Name

FUEL GUARDIAN INCORPORATED

Principal Place of Business

~~4425 Pleasant Hill Rd.~~  
~~Suite 395~~  
~~Kissimmee, FL 34741~~

Mailing Address

P.O. Box 422727  
Kissimmee, FL 34742

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
5020 Heatherlake Terrace

Suite, Apt. #, etc.

City & State  
Kissimmee, FL

Zip  
34758

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/92

5. FEI Number

59-3153440

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S/T/D P.	Anthony L. Fowler	5020 Heatherlake Terrace	Kissimmee, FL 34758

500002258725--2  
-08/05/97--01114--008  
\*\*\*\*915.00 \*\*\*\*915.00

REINSTATEMENT 96-97  
A. Alan  
7/31/97

8. Name and Address of Current Registered Agent

~~Robert S. Hayes, P.A.~~  
~~441 West Vine Street~~  
~~Kissimmee, FL 34741~~

9. Name and Address of New Registered Agent

Name  
Anthony Fowler  
Street Address (P.O. Box Number is Not Acceptable)  
5020 Heatherlake Terrace  
Suite, Apt. #, Etc.

City  
Kissimmee

State  
FL

Zip Code  
34758

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 7-29-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-97

Date

407-870-7333

Daytime Phone #

CR2E040 (12/96)