04/05/99 09:25 FAX 561 686 5442 Nason Yeager et al ☑002

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -5 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P93000006040

St. Lucie West Oil Co., Inc.
1172 SW 30 Street
Suite 400
Palm City, Florida 34990

REINSTATEMENT 94/99

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
01-26-1993	265-88-3806	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P/D	Brian G. West	1172 SW 30 St., Ste. 400	Palm City, Florida 34990

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Brian G. West
1172 SW 30 St., Ste. 400
Palm City, Florida 34990

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State FL. Zip

9. 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 _____ Date 4-5-1999
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 4-5-1999 Daytime Phone # 561-221-8500

Typed or printed name of signing officer or director Brian G. West

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
Fax Number : (561)686-5442

CORPORATION REINSTATEMENT

ST. LUCIE WEST OIL CO., INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,508.75