

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057298

1. Corporation Name

BIG "O" FLEET, INC.

Principal Place of Business

11411 NW 35 ST
CORAL SPRINGS, FL 33065

Mailing Address

11411 NW 35 ST
CORAL SPRINGS, FL 33065

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

2. New Principal Office Address, If Applicable ~~Same~~

7378 W. ATLANTIC BLVD 252

Suite, Apt. #, etc.

SUITE # 252

City & State

MARGATE FL

Zip

33063

Country

BWD

3. New Mailing Office Address, If Applicable

7378 W. ATLANTIC BLVD

Suite, Apt. #, etc.

252

City & State

MARGATE

Zip

33063

Country

BWD

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1993

5. FEI Number

65-0435093

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PRATTS, OSCAR	3751 NW 115TH WY APT 5	CORAL SPGS FL
T/V	PRATTS, MARITZA	3751 NW 115TH WY #5	CORAL SPGS FL 33065
S	HOSEIN, AFRAZ	7378 W. ATLANTIC BLVD	MARGATE FL 33063

6000003499756--3
-12/13/00--01071--009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PRATTS, OSCAR
11411 NW 35 ST
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

PRATTS, OSCAR

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

7378 W. ATLANTIC BLVD

Suite, Apt. #, Etc.

252

City

MARGATE

State

FL

Zip Code

33063

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]

SIGNATURE REQUIRED

Date 11-28-00

REGISTERED AGENT MUST SIGN

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/00

Date

954-380-9633

Daytime Phone #

KE