## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 NOV 24 PH 12: 32 P95000015432 **DOCUMENT #** SECKETARY OF STATE TALLAHASSEF, FLORIDA 1. Corporation Name SHEFFIELD'S FUEL 'EM UP STOP, INC. Principal Place of Business Malling Address RT 8 BOX 137 RT 3 BOX 137 4-75 & STATE ROAD 6 EXIT 86 1-75 & STATE ROAD 6 EXIT 86 JASPER FL 32052 JASPER FL 32052 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 02/24/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2146055 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip SHEFFIELD, RAYMOND C **R**T 3 BOX 137 JASPER FL 32052 500002358125--4 -11/26/97--01088--012 \*\*\*\*750.00 \*\*\*\*750.00 REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SHEFFIELD, RAYMOND C Street Address (P.O. Box Number is Not Acceptable) RT 3 BOX 137 1-75 & STATE ROAD 6 EXIT 86 Sulte, Apl. #, Etc. JASPER FL 32052 City State | Zip Code ye named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered NW. 20, 1997 Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for information on Intangible tax.) Intangible Personal Property tax due June 30.

12. Logrify that Lam 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

Yes i

関係が、これを見るとはないないとのできます。 いっとうこう ちゅうこと ないまかいのかない できまれるできませい

一次の事務の事件の必要であると、必要を

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR