

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 15 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **99-03**
995 000020931

1. Corporation Name

PETRO AMERICA, INC.

2. Principal Office Address

1808 LAKE Worth Road

Suite, Apt. #, etc.

3. Mailing Office Address

15262 Natures Point Lane

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33461

Country

USA

City & State

Wellington, FL

Zip

33414

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/13/95

5. FEI Number

650563361

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

Vasilios S. Haseotes, II

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

15262 Natures Point Lane

Suite, Apt. #, Etc.

City

Wellington, FL 33414

State

FL

Zip Code

33414

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

Vasilios S. Haseotes, II PRESIDENT
REGISTERED AGENT MUST SIGN

Date **2-4-03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Vasilios S. Haseotes II	15262 Natures Point Lane	Wellington, FL 33414
VT	Raymond V. D'Agostino	1808 Lake Worth Road	Lake Worth, FL 33461
			600014314226 05/15/03--01040--005 **150.00

10. 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:

Vasilios S. Haseotes, II PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-03 561-252-1228
Daytime Phone #

VASILIOS S. HASEOTES

CR2E081 (9/01)