

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 APR 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-03

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04/24/03--01013--004 **1500.00

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

DOCUMENT # P96000007285

1. Corporation Name

MA PETROLIUM

2. Principal Office Address
5801 N Federal Hwy

3. Mailing Office Address
5801 N Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale, FL

City & State

FT Lauderdale, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/1996

5. FEI Number 65-0644655

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

Mohammed Islam

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

11080 SW 23rd St

Suite, Apt. #, Etc.

City

Davie

State
FL

Zip Code
33324

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

M. Islam

Date

REGISTERED AGENT MUST SIGN

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
DP	Mohammed M Islam	11080SW 23rd St	Davie, FL-33324
DS	Manzurul Islam	1525 NW 3rd St #14	Deerfield Bch, FL-33442

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:

M. Islam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-894-8110

Daytime Phone #

2/4/25