

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 3:09

mtu
11/4

DOCUMENT # P96000008126

1. Corporation Name

OIL TRADING CONSULTANTS, INC.

Principal Place of Business

8940 SW 112TH STREET
MIAMI FL 33176

Mailing Address

8940 SW 112TH STREET
MIAMI FL 33176



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0718009

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	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 / State / Zip
PO	GUMA, CONSUELO	8940 SW 112TH STREET	MIAMI FL 33176
STD- PSTD	GUMA, VIRGILIO A	8940 SW 112TH STREET	MIAMI FL 33176
			100002339611--1 -11/05/97--01112--018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

ABRAMS, DAVID S
2100 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Virgilio Guma Jr

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

9400 S. Dadeland Blvd

Suite, Apt. #, Etc.

PH # 3

City

Miami

State

FL

Zip Code

33156

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

Virgilio Guma Jr

REGISTERED AGENT MUST SIGN

Date

06/20/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/20/97 (305) 6702290

CR20040 (8/97)