



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000020804**

1. Corporation Name

A+B Refining, Inc

REINSTATEMENT 03-04

2. Principal Office Address

5690 Park Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

5690 Park Blvd

Suite, Apt. #, etc.

000030708976

03/18/04--01022--001 **900.00

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33781

Country

United States

Zip

33781

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3377974

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

JAMES R SUTTON

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

1801 Carlton Dr

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

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

James R Sutton
REGISTERED AGENT MUST SIGN

Date

4-15-04

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
President	JAMES SUTTON 1801 Carlton Dr Clearwater, FL 33759	1801 Carlton Dr	Clearwater, FL 33759

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:

James R Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-04

Daytime Phone #

727-548-4826

CR2E081 (01/04)

727-548-4826