

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

APPROVED  
AND  
FILED

1998 FEB 12 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 096000028324

1. Corporation Name  
H&M OIL INC DBA  
PAGE FIELD SHELL

Principal Place of Business Mailing Address  
11225 S. CLEVELAND AVE  
FT. MYERS FL 33907

600002432806-- 0  
-02/17/98--01053--022  
\*\*\*\*908.75 \*\*\*\*908.75

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/97	
City & State		City & State		5. FEI Number 65-065514	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	HECTOR CASTRO	1721-12 RED CEDAR DR FT. MYERS FL 33907	
VICE P. SEC.	MINERVA ORTIZ	5320-1 SUMMERLIN RD	FT. MYERS FL 33909
TREASURER	JOHN HORNBECK	4775-7 BARKLEY CIR	FT MYERS FL 33907

REINSTATEMENT

97-98  
1/2/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Madelyn Hornbeck 4775-7 BARKLEY CIR FT. MYERS FL 33907		Name Street Address (P.O. Box Number is Not Acceptable) 4775-7 BARKLEY CIR Suite, Apt. #, Etc. FT. MYERS FL City State Zip Code FL 33907	

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 Madelyn Hornbeck  
REGISTERED AGENT MUST SIGN  
Date 2-11-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: HECTOR CASTRO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/11/98  
Daytime Phone # (941) 278-1166

CR2E040 (12/96)