

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

72

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 NOV -3 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000040274

1. Corporation Name

GOOD WAY OIL CORPORATION

Principal Place of Business

Mailing Address

2152 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33409

2152 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33409



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

6569 Racquet club dr

4. Date Incorporated or Qualified To Do Business in Florida

05/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0667501

Applied For

Not Applicable

City & State

City & State

Lauderhill FL

Zip

Country

Zip

Country

33319

Blowerd

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
D	BUZAGLO, ELI	2152 OKEECHOBEE BOULEVARD	WEST PALM BEACH FL 33409

Dear Sir  
This is the first time that I'm resiving this document regarding Reinstatement.  
I'm enclosing a check for \$165.- as per tel conver. with Mrs. AMY Allen.

200002337242--6  
-11/04/97--01025--019  
\*\*\*\*165.00 \*\*\*\*165.00

11/3

8. Name and Address

MORA, MICHAEL J  
701 N.W. 57TH AVENUE  
SUITE 200  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name ELI BUZAGLO  
Street Address (P.O. Box Number is Not Acceptable) 6569 Racquet club dr  
Suite, Apt. #, Etc. Lauderrhill  
City Lauderrhill  
State FL Zip Code 33319

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/28/97

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]* ELI BUZAGLO, Pres

Date 10/28/97 Daytime Phone #

CPRE040 (8/97)