

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV 16 PM 4:10

DOCUMENT # **P96000071913**

1. Corporation Name

**BRICKELL OIL INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

2333 PONCE DE LEON BLVD  
 STE #1104  
 CORAL GABLES FL 33034  
 US

2333 PONCE DE LEON BLVD  
 STE #1104  
 CORAL GABLES FL 33134  
 US

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

2. New Principal Office Address, If Applicable  
**110 MERRICK WAY**

3. New Mailing Office Address, If Applicable  
**110 MERRICK WAY**

Suite, Apt. #, etc.  
**SUITE 2B - SUITE**

Suite, Apt. #, etc.  
**SUITE 2B**

City & State  
**CORAL GABLES FL**

City & State  
**CORAL GABLES**

Zip **33134** Country **USA**

Zip **33134** Country **USA**

**REINSTATEMENT 99**

4. Date Incorporated or Qualified To Do Business in Florida **08/30/1996**

5. FEI Number **65-0700838** Applied For  Not Applicable

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 | 4 City / State / Zip  |
|------------|-------------------------------------|--|---|
| D          | SALGES, ROGELJO                     | 9124 SW 70TH TERRACE                             | MIAMI FL 33173  |
|            |                                     |  | 600003063656--1<br>-12/07/99--01099--011<br>*****750.00 *****750.00 |
|            |                                     |  | 600003063656--1<br>-12/07/99--01099--012<br>*****8.75 *****8.75     |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALGES, ROGELJO  
 9124 SW 70TH TERRACE  
 MIAMI FL 33173

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

**REGISTERED AGENT MUST SIGN**

Date **OCT 27, 1999.**

11. 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:

**REGISTERED AGENT MUST SIGN**

Date **NOV 11, 1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**AD**