

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

97 OCT 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000087787

1. Corporation Name
A & M. PETROLEUM, INC.

Principal Place of Business Mailing Address
5801 54th AVE N. 6228 66 Lane North
KNNETH CITY PINELLAS PARK,
FL. 33709 FL. 33781

900002330689--8
-10/27/97--01144--012
****750.00 ****750.00

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

2. New Principal Office Address, If Applicable 6228 66 Lane North Suite, Apt. #, etc. PINELLAS PARK City & State FL. 33781 Zip Country PINELLAS COUNTY		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10-23-1996	
				5. FEI Number 59-3404234 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
President	Abul B. Bhuiyan	6228 66 Lane N.	PINELLAS PARK, FL. 33781
Secretary	Abul B. Bhuiyan	6228 66 Lane N.	PINELLAS PARK, FL. 33781
Secretary	Abul B. Bhuiyan	6228 66 Lane N. PINELLAS PARK	PINELLAS PARK, FL. 33781

REINSTATEMENT 1997

8. Name and Address of Current Registered Agent

ABUL B. BHUIYAN
6228 66 Lane North
PINELLAS PARK, FL. 33781

9. Name and Address of New Registered Agent

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 10-08-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-08-97 (813) 544-2267

CR2E040 (96)