## LICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9	37000021175
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1. Corporation Name

R.S. OIL, INC.

FILED

99 DEC 21 PM 1: 25

SECRETARY OF STATE

					TALLA	HASSEE, FLORIDA		
Principal Pla	ace of Business	ess		-				
15296 SW 168 Street 15296 S			SW 168 Stre	et	1			
Miamí, Florida 33187 Miami		Miami,	, Florida 33187		-		CC	
					REIN	STATEMENT	99	
		About the second line	stannation and anter	nerroation halow		,	2	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, if Applicable 3. New Mailin			ng Office Address, If	Applicable	4 Date Incorp	orated or Qualified	- ČE	
•		SW 72nd Street		To Do Business in Florida		SF		
Suite, Apt. #, etc. Suite, Apt. #,				5. FEI Number	03/07/97	T T		
City & State		City & State			-{.'		Applied For	
			, Florida		65 <u>-075</u> 4	<u> </u>	Not Applicab	
Zip	Zip Country Zip		Country				<u>(                                      </u>	
33173	Miami-Dade	33173		ni-Dade	<u> </u>			
7. Names a	ind Street Addresses of Each Officer a	nd/or Director (Flo						
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
1	2			se Post Office Box		4		
PTD	GOMEZ, RICARDO		9201 SW 12	20 Street		Miami, Florida	33176	
VSD TORRES, SANDRA, I.			9201 SW 12	9201 SW 120 Street Miami, Florida 3			33176	
					<del>4</del> 1	<del>700030840</del> -12/30/99010 ****758.75 *	)20009	
	8. Name and Address of Curre	nt Registered Age	ent		9. Name and	Address of New Registered Age	nt	
				Name RICARDO GOMEZ				
-RICARDO-GOMEZ			<del>- 17-12,</del>	Street Address (	ddress (P.O. Box Number is Not Acceptable)			
9201 SW 120 Street Miami, Florida 33176				9490 SW 72nd Street				
mramr	, F1011da /33176	$\bigcirc$		Suite, Apt. #, Etc	3.			
-	1	\		City		State Z	p Code	
	<i>f</i> .	\ \	,	Miami			33173	
10. I, being Signature of Registered A		REGISTERAD AS	oration, am familiar w	ith and accept the c	obligations of Sect		9	
	is corporation owes the		rear le June 30.	Yes	□ No X	(See other side for		
	angion i organian i rop	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				<del></del>		
10 [	that I am an officer or director or the re	reiver Artrustee An	nnowered to execute	this application as	provided for in cha	apter 607 or 617. F.S. I further cert	ify that when filing	

. Courting that it am an officer for 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:

INTED NAME OF as President