

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 18 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045667

1. Corporation Name

St. Pete Gas, Inc.

000024772300
11/18/03--01005--003 **758.75

2. Principal Office Address

25 South 14th Street

3. Mailing Office Address

Same as principal office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

Zip

33711

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1997

5. FBI Number

59-3446818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Jeff Cynamon, Esquire

Street Address (P.O. Box Number is Not Acceptable)

757 Forty-First Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Date 11/13/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Dean Najdawi	25 South 14th Street	St. Petersburg, Florida 33711
T/S/D	Pierre Antoun	25 South 14th Street	St. Petersburg, Florida 33711

10. 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

Dean Najdawi

Date

11/13/03 (415)515-6874

Daytime Phone #

CR25001 (1/02)