### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

#### P97000079352 **DOCUMENT#**

1. Corporation Name

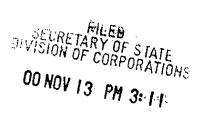
## ALL AMERICAN PETROLEUM OF CENTRAL FLORIDA, INC.

Principal	Place	of	Business	

Mailing Address

6205 LAKE WILSON ROAD

6205 LAKE WILSON ROAD



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If above a	addresses are incor	rect in any way. line th	rauah incorrect in	nformation and	d enter c	orrection below.		CTATENEN		
If above addresses are incorrect in any way, fine through incorrect in a New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable			The Designation of Control				
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, etc.			5. FEI Number	Ua/	12/1997 Applied For		
City & State City & State			City & State	<u> </u>			59-3471887 Not Applicable			
Zip	ip Country Zip			Country 6.				6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Address	es of Each Officer and	/or Director (Flo	rida nonprofit	corporat	ions must list at le	ast 3 directors)			
Title(s) 1	Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director				City / State / Zip			
PD	PATEL, BALKF	RISHNA		6205 LAK	6205 LAKE WILSON ROAD			DAVENPORT FL 39837		
							<u> </u>			
S	S PATEL, SANGITA			6205 LAKE WILSON ROAD				DAVENPORT FL 33837		
የወ	D PATEL BALKRISHMA			6205	6205 LAKE WILSOM RUAD			DAUCHPORT FL 33837		
5	5 PATEL VIRABG			6205 LAKE WILSON ROAD			m Road	DANGMARAS, FL 33837		
					<del></del>		KRI	1/29		
8. Name and Address of Current Registered Agent Name					Name 7	9. Name and s	Address of New Registered A	deur		
PATEL, BALKRISHNA 7809 TURKEY OAK LANE KISSIMMEE FL 34747					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.   3000003483553					
Signature of Registered	of Agent	R	EGISTERED AG	SENT MUST S	NATION SIGN	2	·	Date 11-08-3		
11. I certify this rein	that I am an office estatement applicat	r or director or the receion, the reason for diss	iver or trustee en solution has been	npowered to e eliminated, the	execute the corpo	this application as rate name satisfies	s the requirements	apter 607 or 617, F.S. I further of of section 607.0401 or 617.040	ertify that when filing 01, 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 in on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

11-08-2000

863-420-4110