

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
00 NOV 13 PM 3:11

DOCUMENT # P97000079352

1. Corporation Name

ALL AMERICAN PETROLEUM OF CENTRAL FLORIDA, INC.

Principal Place of Business

6205 LAKE WILSON ROAD
DAVENPORT FL 33837

Mailing Address

6205 LAKE WILSON ROAD
DAVENPORT FL 33837

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
to Do Business in Florida

09/12/1997

5. FEI Number

59-3471887

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PATEL, BALKRISHNA	6205 LAKE WILSON ROAD	DAVENPORT FL 33837
S	PATEL, SANGITA	6205 LAKE WILSON ROAD	DAVENPORT FL 33837
PD	PATEL BALKRISHNA	6205 LAKE WILSON ROAD	DAVENPORT FL 33837
S	PATEL VIRAAG	6205 LAKE WILSON ROAD	DAVENPORT FL 33837

8. Name and Address of Current Registered Agent

PATEL, BALKRISHNA
7809 TURKEY OAK LANE
KISSIMMEE FL 34747

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

3000003483553--5

-12/01/00--01078--017

***750.00 ***750.00

FL

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 11-08-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-08-2000 863-420-4110