

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000097056**

1. Corporation Name

PETROZONE, ~~INC~~ **FNC**

9000 Sheridan Street

2. Principal Office Address

9000 Sheridan Street

Suite, Apt. #, etc.

Suite 136

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida 11/13/97

5. FEI Number

65-0795388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Steven W. Deutsch, Esq. c/o Frank Weinberg Black, P.L.

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

7805 SW 6th Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33024

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 11/10/04

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	Clemente J. Cruz	19470 NW 8th Street	Pembroke Pines, FL 33029
SD	Clemente E. Cruz	9000 Sheridan Street, Suite 136	Pembroke Pines, FL 33024

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

11/10/04

Date

954-431-5389

Daytime Phone #