

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 16 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000000038**

1. Corporation Name

HES OIL CORPORATION

2. Principal Office Address

7301 S.W. 167 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

U.S.A.

3. Mailing Office Address

7301 S.W. 167 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1997

5. FEI Number

65-0803541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVE J. POULOS

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

7301 S.W. 167 STREET

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33157

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

Steve J. Poulos

Date **3/14/01**

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	HECTOR A. DUVAL	1049 N.W. 129 AVE	MIAMI, FL. 33182
V/D	STEVE J. POULOS	7301 S.W. 167 STREET	MIAMI, FL. 33157
S/D	DORANE M. POULOS	7301 S.W. 167 STREET	MIAMI, FL. 33157

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:

Steve J. Poulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
Date

(305) 776-4594
Daytime Phone #

CR2E081 (9/00)