

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra E. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -2 AM 10:43

DOCUMENT # P98000001173

1. Corporation Name

FENIX OIL CORPORATION

Principal Place of Business

1477 Ocean Breeze  
Marathon, FL

Mailing Address

1477 Ocean Breeze  
Marathon, FL

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

2. New Principal Office Address, If Applicable

406 S.W. 1st Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2588 S.W. 27th Ave.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1998

5. FEI Number

65-0839333

Applied For

Not Applicable

City & State

Florida City, FL

City & State

Miami, FL

Zip

33034

Country

US

Zip

33133

Country

US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SD	GUADALUPE CRUZ	406 S.W. 1st Street	Florida City, FL 33034
PVID	ALBERTO CRUZ	406 S.W. 1st Street	Florida City, FL 33034

200004271992--0  
05/21/01--01002--005  
\*\*\*\*300.00 \*\*\*\*300.00

4/25/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alberto Cruz  
1477 Ocean Breeze  
Marathon, FL 33050

Name

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

406 S.W. 1st Street

Suite, Apt. #, Etc.

City

Florida City

State

FL

Zip Code

33034

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

Alberto Cruz

REGISTERED AGENT MUST SIGN

Date

4/27/01

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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:

Guadalupe Cruz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E040 (12/96)