

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067769

1. Corporation Name

FATHER & SON TEXACO SERVICE CENTER, INC.

Principal Place of Business

4111 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33409-3203

Mailing Address

4111 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33409-3203

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

08/04/1998

5. FEI Number

65-0855379

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
PT	CALDOVINO, JOSEPH	4111 OKEECHOBEE BOULEVARD	WEST PALM BEACH FL 33409
SD	CALDOVINO, GAITANO	4111 OKEECHOBEE BOULEVARD	WEST PALM BEACH FL 33409

10/23/03

500024164315  
10/27/03--01047--010 \*\*150.00

8. Name and Address of Current Registered Agent

CALDOVINO, JOSEPH  
461 OKEECHOBEE BLVD  
W PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

JOSEPH CALDOVINO

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

4111 OKEECHOBEE BLVD

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33409

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

Joseph Caldovino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

561 683-8770

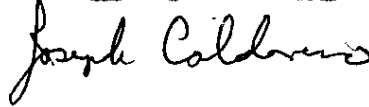
Daytime Phone #

CR2E040 (7/03)

To whom it may concern:

I am writing this letter to inform you that I have not received the original annual report for my corporation. I am now submitting my fee of \$150. Please accept my apology. I hope this didn't cause any inconvenience. I would deeply appreciate it if you would reinstate my corporation.

Sincerely,

A handwritten signature in cursive script that reads "Joseph Caldovino".

Joseph Caldovino