

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 29 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088151

1. Corporation Name

CP VEGETABLE OIL (FLORIDA), INC.

2. Principal Office Address - No P.O. Box #

601 S.W. 21ST TERRACE

Suite, Apt. #, etc.

STE 1

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

3. Mailing Office Address

601 S.W. 21ST TERRACE

Suite, Apt. #, etc.

STE 1

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

5. FEI Number

65-0878660

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

CLAUDE VINET

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

1890 S. OCEAN DR

Suite, Apt. #, Etc.

STE 1807

City

HALLANDALE

State

FL

Zip Code

33009

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Claude Vinet

REGISTERED AGENT MUST SIGN

Date

Sept 16/08

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
DP	VINET, CLAUDE	1890 S. OCEAN DR STE 1807	HALLANDALE, FL 33009
DS	PELLERIN, CHRISTIAN	601 SW 21ST TER STE 1	FORT LAUDERDALE, FL 33312

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 contained in Chapter 119, 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:

Claude Vinet *Claude Vinet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 16/08 937-5840120

Daytime Phone #