


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000095525**

1. Corporation Name

SUPER POWER PETROLEUM, INC.

Principal Place of Business

Mailing Address

1629 S.R. 40
ORMOND BEACH FL 32174

1629 S.R. 40
ORMOND BEACH FL 32174

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3541525

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

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
PD	PATEL, JAYESH	2307 VICTORY PALM DR.	EDGEWATER FL 32141
VD	PATEL, LEENA	1117 HANOVER ST.	PISCATA WAY NJ 08854
TD	PATEL, BHUPENDRA	1117 HANOVER ST.	PISCATA WAY NJ 08854
SD	DESAI, JIGNA	2307 VICTORY PALM DR.	EDGEWATER FL 32141
			900004713639--4 -12/12/01--010087811 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, JAYESH
2307 VICTORY PALM DR.
EDGEWATER FL 32141

Name

PATEL JAYESH

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

5 FISHERMAN CIRCLE #8

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

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

Jayesh Patel

Date **10-15-01**

REGISTERED AGENT MUST SIGN

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:

JIGNA DESAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 386 615 6955

Date

Daytime Phone #

FILED

01 NOV 26 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **2001**

CP2E040 (8/01)