

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Kathryn [unclear] Secretary of State
 DIVISION OF CORPORATIONS

00-01 WR

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000102504**

1. Corporation Name
Sunco oil INC.

2. Principal Office Address Kourosh Attari		3. Mailing Office Address 4506 26th St. West	
Suite, Apt. #, etc. Suite # C		Suite, Apt. #, etc. Suite C	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34207	Country U.S.A	Zip 34207	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida **DEC/1999**

5. FEI Number **59-3552454**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Terence Matthews**

Street Address (P.O. Box Number is Not Acceptable)
5790 26th St. West Suite D

Suite, Apt. #, Etc. **Suite D**

City **Bradenton FL** State **FL** Zip Code **34207**

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 **[Signature]** Date **4/20/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
Pres.	Kourosh Attari	6391 Jackie Lynn Ct.	SARASOTA / FL / 34241
			LS
			500004134985--3
			-05/11/01--01015--017
			****300.00 ****300.00

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: **[Signature]** **Kourosh Attari** Date **04/19/01** Daytime Phone # **941-504-2971**

CR2E081 (9/00)

2012

From: Sunco oil, Inc.
To: Dept. of state Division of Corporations

Hi

Several months ago I was getting a loan for the business that I found out Sunco Oil Inc. was Dissolved, and sure enough after calling your office I asked them to send me an application for reinstatement. Since I had not received any application for renewal. A few weeks went by and nothing happened and I called again and this time your office was kind enough to send me an application. For that matter you can check your computer and see the fact that I have called several times.

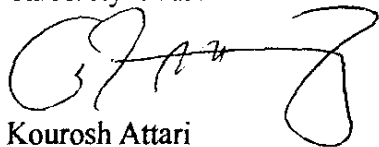
I feel that I should not be jeopardized and pay the excess fees.

Attached is a check for \$300.00.

Should you have any question Please contact me at 941-504-2971

I appreciate your considerations and Thank you in advance.

Sincerely Yours



Kourosh Attari