

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000102504**

1. Corporation Name

Sunco oil, inc.

2. Principal Office Address

5756 CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5756 CENTRAL AVE.

Suite, Apt. #, etc.

City & State

St. Petersburg - FL

City & State

St. Petersburg - FL

33707

Country

usa

Zip

33707

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3552454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

Kourosh Attari

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

6391 JACKIE LYNN CT.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34241

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]

Kourosh Attari

Date

10-17-03

REGISTERED AGENT MUST SIGN

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
P	ATTARI, Kourosh	6391 JACKIE LYNN CT.	SARASOTA, FL 34241

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]

Pres. Kourosh Attari, 10-17-03

941-704 5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

210/23

COMPLETED IN ACCORDANCE WITH THE
INVESTIGATION(S) PLEASE

To Whom It May Concern

Dear Madam / Sir

My office did not receive the annual reinstatement form. I contacted your department and they advise me the best quickest way to get it and mail this form is on the Internet.

Attached you will find a complete form with the correct and updated director and officer's information.

Should you have any question please contact me at 941-704-5178.

We would appreciate if your office waves any penalty.

Thank you in advance.

C. J. [Signature]

Kourosh Attari

President