

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104361

1. Corporation Name

BUENA VISTA GAS & CONVENIENCE, INC.

Principal Place of Business

Mailing Address

5852 S. ORANGE AVE.
ORLANDO FL 32809-4234

5852 S. ORANGE AVE.
ORLANDO FL 32809-4234

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

12/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3546730

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BERMUDEZ, HERIBERTO	5852 S. ORANGE AVE.	ORLANDO FL 32809
T	Bermudez, Heriberto	5852 S. orange ave	orlando, FL 32809
S	Bermudez, Heriberto	5852 S orange ave	orlando, FL 32809
V	Bermudez, Heriberto	5852 S. orange ave	orlando, FL 32809
P	Bermudez, Heriberto	5852 S. orange ave	orlando, FL 32809

8. Name and Address of Current Registered Agent

BERMUDEZ, HERIBERTO
5852 S. ORANGE AVE.
ORLANDO FL 32809-4234

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Heriberto Bermudez
REGISTERED AGENT MUST SIGN

Date

10/30/99

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:

Heriberto Bermudez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/99

Daytime Phone #

(407) 855-9320

②

10/30/99

To whom it may concern

my name is Herberto Bermudez
owner/operator of Buena Vista Gas on
~~5852~~ 50 orange ave I rec'd a letter
informing me about a fee of 600⁰⁰
for not I never rec'd any letter
before this notice. I called and
was told to write this letter and
make check out for \$150.00.

Thank you much
for your help
Herberto Bermudez