

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Hahn
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:16

DOCUMENT # **P99000013426**

1. Corporation Name

TITUSVILLE PETRO INC.

Principal Place of Business

~~1220 SO. WASHINGTON AVENUE
TITUSVILLE FL 32780~~

Mailing Address

~~1220 SO. WASHINGTON AVENUE
TITUSVILLE FL 32780~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

798 W ST RD 434

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32750

Country

USA

3. New Mailing Office Address, If Applicable

355 KNOX MCRAE DR

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32780

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1999

5. FEI Number

59-3556788

Applied For

Not Applicable

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
D	PATEL, HITESH	355 KNOX MCRAE DRIVE	TITUSVILLE FL 32780
D	SHAH, RASKIN	4553 HELENA DRIVE	TITUSVILLE FL 32780
			100004662891--2 -11/01/01--01052--023 *****150.00 *****150.00
			SP

8. Name and Address of Current Registered Agent

**PATEL, HITESH
355 KNOX MCRAE DRIVE
TITUSVILLE FL 32780**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

(X)

REGISTERED AGENT MUST SIGN

Date

10/8/01

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)(l), 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:

(X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/01

321 223 7776

293

To : Fl Dept of State

Fr: Titusville Petro Inc. – P99000013426

Re: Reinstatement

Date: 10/08/01

Dear Sir or Madam:

We did not receive previously mailed form and notices due to incorrect address. Address in your data is our old address. Since then we had moved to a new address last year.

Therefore we would like to request a waiver of penalty for reinstatement. This is the first time we received this notice from person who we leased the business. I am also sending you a copy of sales tax return as a proof of our new address.

Please find enclosed check for \$150.00 and completed reinstatement application.

Thank you very much for your cooperation.



Sincerely yours,

Hitesh Patel
Titusville Petro Inc.

383

complete return.

Date

Surftax

5% Rate

At 1.5% Rate

T

Sales and Use Tax Return

Florida

1. Gross Sales 2. Exempt Sales 3. Taxable Amount 4. Tax Collected

A. Sales

B. Taxable Purchases

C. Services

D. Transient Rentals

E. Food & Beverage Vending

Transient Rental Rate

Surftax Rate

Collection Period

Certificate Number

SIC

FEIN/SSN

Longwood CITGO

TITUSVILLE PETRO INC

%HITESH PATEL

355 KNOX MCRAE DR

TITUSVILLE FL 32780-6503

Electronic Funds Transfer

DR-15 R. 01/01

5. Total Amount of Tax Collected

6. Less Lawful Deductions

7. Total Tax Due

8. Less Est. Tax Paid/ DOR Memo

9. Plus Est. Tax Due Current Month

10. Amount Due

11. Less Collection Allowance

12. Plus Penalty

13. Plus Interest

14. Amount Due with Return

After the 20th day of instructions Lines 11-13

Do Not Write in This Space

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HD

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