

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045761

1. Corporation Name

CORTEZ GAS, INC.

Principal Place of Business

1301 BEVILLE ROAD UNIT 7
DAYTONA FL 32119

Mailing Address

1301 BEVILLE ROAD UNIT 7
DAYTONA FL 32119

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1999

5. FEI Number

59-3580760

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
P	GALLERO, VICTOR	1301 BEVILLE ROAD UNIT 7	DAYTONA FL 32119
VP	AMENDOLAGINE, MICHAEL	1301 BEVILLE RD #19	DAYTONA BEACH FL 32119
T	GALLERO, LILIANA	1301 BEVILLE ROAD UNIT 7	DAYTONA FL 32119
S	GALLERO, DAVID A	1301 BEVILLE ROAD UNIT 7	DAYTONA FL 32119

400008569514
10/24/02--01071--013 **750.00

8. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD UNIT 7
DAYTONA FL 32119

9. Name and Address of New Registered Agent

Name

Victor Gallero

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

1301 Beville Rd #7

Suite, Apt. #, Etc.

#7

City

Daytona Beach

State

FL

Zip Code

32119

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. or 617.0505, F.S.

Signature of
Registered Agent

Victor Gallero

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-21-02 -

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

CR2E040 (802)