

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000052584

1. Corporation Name

OCTANE MARKETING INC.

Principal Place of Business

Mailing Address

11524 MAHOGANY RUN
FT MYERS FL 33913

11524 MAHOGANY RUN
FT MYERS FL 33913

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

Suite, Apt. #, etc.

348 FLAMINGO AVE

City & State
NAPLES, FLORIDA

Zip
34108

Country
USA

Suite, Apt. #, etc.

348 FLAMINGO AVE

City & State
NAPLES, FLORIDA

Zip
34108

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1999

SP

5. FEI Number

65-0936538

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BENSON, GEORGE	11524 MAHOGANY RUN	FT MYERS FL 33913
		348 FLAMINGO AVE	NAPLES, FL 34108

200003515052--1
-12/27/00--01083--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Deborah D. Skipper
REGISTERED AGENT MUST SIGN

as its agent

Date

11/3/00

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:

George Benson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/00

Daytime Phone #

(941) 596-1881

FILED

00 DEC 18 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

00

CR2E040 (8/00)