

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 28 PM 4:37

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059461

1. Corporation Name

INVESTMENT & CONSULTING GROUP O.I.L., INC.

~~W07000012550~~

2. Principal Office Address - No P.O. Box #

5150 PICADILLY CIRCUS CT

3. Mailing Office Address

5150 PICADILLY CIRCUS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32839

Country

Zip

32839

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1999

5. FEJ Number

59-3587285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HENDRY, STONER, CALANDRINO & BROWN, P.A.

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

20 N. ORANGE AVENUE

Suite, Apt. #, Etc.

SUITE 600

City

ORLANDO

State

FL

Zip Code

32801

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

H Stoner Brown

Date

3/9/07

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
D,P,S	PATRICIA PENARRIETA	5150 PICADILLY CIRCUS CT	ORLANDO, FL 32839
D,VP	HENRY OSCAR IRIARTE LEON	5150 PICADILLY CIRCUS CT	ORLANDO, FL 32839
			500096001285 04/06/07--01043--013 **750.00
			500096001285 04/06/07--01043--014 **450.00

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07
Date

4077709988
Daytime Phone #