

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 10 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/12/02--01017--014  
\*\*\*\*908.75 \*\*\*\*908.75

**DOCUMENT #**

PC9000064968

**1. Corporation Name**

W.R.R. Petroleum Corp.  
11215 SW 32AVE  
MIAMI, FL 33130

**2. Principal Office Address**

**3. Mailing Office Address**

13540 SW 196ST

13540 SW 196ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

Miami, FL

**Zip**

33177

**Country**

DADE

**Zip**

33177

**Country**

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/22/99

**5. FEI Number**

☒ 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**

WILLIAM Rios

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

13540 SW 196ST

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**  
FL

**Zip Code**

33177

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

06/30/02

**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
President	WILLIAM RIOS	13540 SW 196ST MIAMI, FL 33177	MIAMI, FL 33177
Vice President	WALTER RIOS	5005 Collins Ave #1107 Miami Beach, FL 33138	Miami Beach, FL 33138

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/02

Date

305-525-009

Daytime Phone #

CR2E081 (9/01)