

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -8 AM 11:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000072094**

1. Corporation Name

TEXACO 68, Inc.

2. Principal Office Address

9520 20 Street.

Suite, Apt. #, etc.

Vero Beach.

City & State

Fla. 32966.

Zip

32966

Country

USA.

3. Mailing Office Address

7891 W. Flagler Street

Suite, Apt. #, etc.

Suite 427

City & State

Miami - Fla.

Zip

33144

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650942772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

MARCIA JUAN.

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

995 NW 165th Ave.

Suite, Apt. #, Etc.

Pembroke Pines

City

Pembroke Pines

State

FL

Zip Code

33028

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*****1050.00 ***1050.00**

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

02/06/02

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
PP	MARCIA JUAN	995 NW 165th Ave.	Miami Fla 33028.

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/06/02

Daytime Phone #

(305) 499-9452

CR2E081 (9/01)