

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000074255**

1. Corporation Name

**ABE'S CITGO CORPORATION**

Principal Place of Business

~~6731 ALLEN STREET~~  
HOLLYWOOD FL 33024

Mailing Address

~~6731 ALLEN STREET~~  
HOLLYWOOD FL 33024

FILED

01 DEC 31 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

~~6381 JOHNSON ST~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~6381 JOHNSON ST~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1999

City & State

~~Hollywood FL~~  
Zip 33024 Country ~~Broward~~

City & State

~~Hollywood FL~~  
Zip 33024 Country ~~Broward~~

5. FEI Number

65-0942496

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
PD	UMAR, IBRAHIM	<del>6731 ALLEN STREET</del> 10400 S.W. 53rd St	HOLLYWOOD FL 33024 Cooper City FL 33324

100004785291--7  
-01/18/02--01075--004  
\*\*\*\*750.00 \*\*\*\*750.00

11LS

8. Name and Address of Current Registered Agent

UMAR, IBRAHIM  
6731 ALLEN STREET  
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

SOME

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

10400 SW 53rd St

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date

11/08/01

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:

IBRAHIM Umar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OR2ED40 (8/01)