

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097612

1. Corporation Name

SAN OIL COMPANY

Principal Place of Business

4600 W KING ST  
COCOA FL 32926

Mailing Address

4600 W KING ST  
COCOA FL 32926

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1999

5. FEI Number

65-0960353

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
P	SAJI, MATHEW	<del>835 LEVITT PKWY</del> 1832 Surrey Ct Waver	ROCKLEDGE FL 32955
S	JOMON, LUKOSE	<del>835 LEVITT PKWY</del> 1832 Surrey Ct	<del>ROCKLEDGE FL 32955</del> Viera FL 32995

800009023638  
11/15/02 01060 010 \*\*150.00

8. Name and Address of Current Registered Agent

SAJI, MATHEW  
835 LEVITT PARKWAY  
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/13/02

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:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02

CR2E040 (8/02)

To: Dept of State

Fr: San Oil Company

Re: P99000097612

Date: 10/31/02

Dear Sir or Madam:

We would like to request an abatement of penalty due to non receiving original renewal notice.

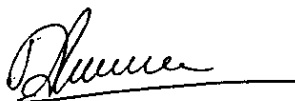
This is first time we received your notice stating that our corporation has been dissolved. We do not know why we did not receive your earlier notice.

Please find a completed reinstatement form and \$150.00 fee.

If you have any questions do not hesitate to contact me.

We thank you for your cooperation.

Respectfully yours,

A handwritten signature in dark ink, appearing to read 'Jomon', followed by a horizontal line.

Jomon Lukose  
Secretary