

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 19 AM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *V19487*

1. Corporation Name

ST. MARKS REFINERY, INC

2. Principal Office Address

627 PORT LEON DRIVE

Suite, Apt. #, etc.

City & State

ST MARKS, FL

Zip

32355

Country

USA

3. Mailing Office Address

7055 HOLLISTER RD.

Suite, Apt. #, etc.

# 1517

City & State

HOUSTON, TX

Zip

77040

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/05/1992

5. FEI Number

59\*-3112231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT *BOY*

**7. Name and Address of Current Registered Agent**

Name

MESSER, CAPARELLO & SELF, P.A., ATTN: E. GARY EARLY

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

215 SOUTH MONROE STREET

Suite, Apt. #, Etc.

SUITE 701

City

TALLAHASSEE

State

FL

Zip Code

32301

*100037569951*

*06/02/04--01013--013 \*\*908 75*

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 *05/19/04*

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
P,D	KNIGHT, JAMES E.	7055 HOLLISTER RD.	HOUSTON, TX 77040
VP,S,D	FITZPATRICK, DENIS J.	7055 HOLLISTER RD.	HOUSTON, TX 77040
Ass't E	TRACY, WILLIAM L.	7055 HOLLISTER RD.	HOUSTON, TX 77040

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

*5/4/04*

Daytime Phone #

*713 462 4122*

CR2E081 (01/04)