

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **V31626**

1. Corporation Name

FLORIDA EXPRESS OIL COMPANY, INC.

Principal Place of Business

~~711 N FLORIDA AVE~~ **602 GAY RD.**
~~STE 310~~ **SEFFNER FL**
~~TAMPA FL 33602~~ **33584**

Mailing Address

602
GAY RD
SEFFNER FL 33584

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

04/23/1992

5. FEI Number

59-3121049

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
DST	BRADLEY, EDWIN J	2509 PEMBERTON CREEK DRIVE 5937 JAEGERGLEN DRIVE	SEFFNER FL LITHIA FL 33547
DP	WILLIAMS, LAYNE T	602 GAY ROAD	SEFFNER FL 33584
			200004746572--7 -01/02/02--01024--021 ****750.00 ****750.00
			TS

8. Name and Address of Current Registered Agent

WILLIAMS, LAYNE
 602 GAY RD
 SEFFNER FL 33584

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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

[Signature] **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **12.11.01**

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)(f), 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 **12/11/01**

Daytime Phone # **813-657-7608**

Date Daytime Phone #

CR2E040 (8/01)

FILED
 01 DEC 17 AM 9:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

