

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

V46464

FILED

01 JAN -8 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V46464

1. Corporation Name

OCTANE CORPORATION

9/22/01

Principal Place of Business
LAS OLAS CENTER
450 E. LAS OLAS BLVD.
SUITE 900
FORT LAUDERDALE, FL 33301

Mailing Address
LAS OLAS CENTER
450 E. LAS OLAS BLVD.
SUITE 900
FORT LAUDERDALE, FL 33301

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0349763

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DAVID W. HORVITZ	LAS OLAS CTR 450 E. LAS OLAS BLVD, #900	FT. LAUDERDALE FLORIDA 33301
VP	MELVIN F. BURTON	LAS OLAS CTR 450 E. LAS OLAS BLVD, #900	FT. LAUDERDALE FLORIDA 33301
S	DAVID W. HORVITZ	LAS OLAS CTR 450 E. LAS OLAS BLVD, #900	FT. LAUDERDALE FLORIDA 33301
T	DAVID W. HORVITZ	LAS OLAS CTR 450 E. LAS OLAS BLVD, #900	FT. LAUDERDALE FLORIDA 33301
D-	DAVID W. HORVITZ	LAS OLAS CTR 450 E. LAS OLAS BLVD, #900	FT. LAUDERDALE FLORIDA 33301

REINSTATEMENT

2000-2001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID W. HORVITZ
LAS OLAS CTR
450 E. LAS OLAS BLVD, #900
FT. LAUDERDALE, FLORIDA 33301

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.

Signature of
Registered Agent

David W. Horvitz

REGISTERED AGENT MUST SIGN

Date 1/5/01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

David W. Horvitz

DAVID W. HORVITZ

1/5/01

954-523-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cr2E081 (12/98)