

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:07

DOCUMENT # V62979

1. Corporation Name

Exum Petroleum Transport, Inc.

2. Principal Office Address

2179 S.R. 44

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

3. Mailing Office Address

2209 Turnbull Bay Rd.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

REINSTATEMENT 94-00

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 8, 1992

5. FEI Number

59-3166001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John M. Exum Jr.

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

2209 Turnbull Bay Rd.

Suite, Apt. #, Etc.

City

New Smyrna Beach, FL 32168

State

FL

Zip Code

32168

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

John M. Exum Jr.

REGISTERED AGENT MUST SIGN

Date 6-9-00

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 S T	John M. Exum Jr.	2209 Turnbull Bay Rd.	New Smyrna Bch, FL 32168

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:

John M. Exum Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-00

Date

904-451-9935

Daytime Phone #