

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 DEC -5 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 395927

1. Corporation Name

PETROLEUM MARKETERS, INC.

Principal Place of Business

2246 TIVOLI W  
JACKSONVILLE FL 32259

Mailing Address

2246 TIVOLI W  
JACKSONVILLE FL 32259



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

2. New Principal Office Address, If Applicable

3807 ST JOHNS AVE

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip 32205

Country

3. New Mailing Office Address, If Applicable

3807 ST JOHNS AVE

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip 32205

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1972

5. FEI Number

59-1568865

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	LAMPE, DIEDRICH L	2246 TIVOLI LN. see above	SWITZERLAND FL
VP	LAMPE, CATHERINE M	2246 TIVOLI W see above	JACKSONVILLE FL 32259 9000003613609 10/28/02--01052--007 **500.00
			9000003613609 12/05/02--01020--001 **150.00

8. Name and Address of Current Registered Agent

LAMPE, CATHERINE M

2246 TIVOLI W

JACKSONVILLE FL 32259

9. Name and Address of New Registered Agent

Name

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

3807 ST JOHNS AVE

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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

*Catherine M. Lampe*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

*Catherine M. Lampe*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

9043843446

CR2E040 (802)