

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PH 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **450949**

1. Corporation Name

NORTH AMERICAN OIL COMPANY

Principal Place of Business

Mailing Address

2200 MAY CT
KENNESAW GA 30144
US

2200 MAY CT
KENNESAW GA 30144
US

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

04/24/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1224926

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	YUDIN, CAL	300 JENNY LIND LANE	ALPHARETTA GA

600023856926

10/16/03--01054--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOWL, BARBARA
1240 LUGO AVE.
CORAL GABLES FL 33156

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara Wool

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

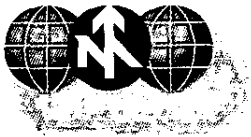
Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

CR2EQ40 (7/03)



North American
Oil Company
2200 May Court
Kennesaw, GA 30144
678-355-0575
800-554-3014
Fax 678-355-0885

October 10th, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application Fee for Reinstatement

Dear Sir or Madam,

We are in receipt of the Application for Reinstatement for not filing the renewal application due May 1, 2003. We have never received the original application. North American Oil Company has been a Florida Corporation for 27 years. In that time, we have always paid the application fee with the Division of Corporations the day it was received in the mail. This is the second time in three years that this has happened.

We would appreciate you taking this into consideration and accept the original filing fee of \$150.00 enclosed with the Reinstatement Form.

Sincerely,

Cal Yudin
President