PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98 MAR 22 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 480310

1. Corporation Name
BOB'S FILTERED OIL COMPANY, INC.

Principal Place of Business	Mailing Address
2700 LAND O'LAKES BLVD LAND O'LAKES FLORIDA 34639	18321 KUKA LANE BROOKSVILLE, FLORIDA, 34610-2137

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

REINSTATEMENT 18.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt #, etc.	18321 KUKA LANE Suite, Apt #, etc
City & State	BROOKSVILLE FL 34610 City & State
Zip / Country	34610-2137 / HERNANDO Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/9/75

5. FEI Number: 591608607 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	BOBBIE McALISTER	18321 KUKA LANE	BROOKSVILLE, FL 34610
V. PRES SEC & TREA	VIRGINIA M. THOMPSON	18321 KUKA LANE	BROOKSVILLE, FL 34610

200002824522--1
-03/31/98--01004--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: BOBBIE McALISTER
Street Address (P.O. Box Number is Not Acceptable): 18321 KUKA LANE
Suite, Apt #, Etc:
City: BROOKSVILLE
State: FL Zip Code: 34610-2137

CR2E091 (12/98)

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: Bobbie McAlister
REGISTERED AGENT MUST SIGN

Date: 3/17/99

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: Bobbie McAlister — 3/17/99 — 352-796-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BOBBIE McALISTER