2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 480477

FILED Oct 10, 2005 Secretary of State

Entity Name: MAASSEN OIL CO., INC.						
Current Principal Place of Business:				New Principal Plac	e of Business:	
612 N BRE ARCADIA,	VARD AVE FL 34266	US				
Current Mailing Address:				New Mailing Address:		
PO BOX 87 ARCADIA,		US				
FEI Number:	59-1608783	FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
	, JOHN S., II EVARD AVE FL 34266					
The above in the State		/ submits thi	s statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE: JOHN S	. MAASSEN	J III			
	Electro	onic Signatu	re of Registered Ager	t	Date	
			the corporation did not	receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SDT (MAASSEN, K 1440 N ARCA ARCADIA, FL	DIA AVE	34266	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (MAASSEN, JO 2490 NW OW ARCADIA, FL	/ENS AVE	34266	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAASSEN, D	Delete AVID LAMBE, I OLA AVENUE 00000,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	С () Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN S. MAASSEN III **PRES** 10/10/2005

MAASSEN JR., JOHN S.,

ARCADIA, FL

1440 NORTH ARCADIA AVE

00000, 34266

Name:

Address:

City-St-Zip: