PLEASE READ APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORP	ENT OF STATE ortham State		APPROVED AND FILED
DOCUMENT # 850490			1997 JUN 12 AM 9: 15	
1. Corporation Name SELLERS OIL CO, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business INDUSTRIAL AIR PARK BAINBRIDGE, GA 31717	Mailing Address P.O. BOX 1907 BAINBRIDGE, GA	31718		
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	· · · · · · · · · · · · · · · · · · ·
Sulte, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida	1967
City & State City & State			5. FEI Number	Applied For
			58-0979097	Not Applicable
Zip Country	Zip Coun		CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
7. Names and Street Addresses of Each Olficer and/or Director (Florida nonprofit corporations must list at least 3 directors)       Title(s)     Name of Olficers and/or Directors     Street Address of Each Olficer and/or Director     City / State / Zip       1     2     3     (Do NOT Use Post Office Box Numbers)     4				City / State / Zip
P         E.J. SELLERS         182 BAY GROVE RD. SOUTH         FREEPORT, FLA 32439           S/T         MABEL H. SELLERS         182 BAY GROVE RD. SOUTH         FREEPORT, FLA 32439				
			REINSTATEN	
		Name	9. Name and Address of New Reg	
E.J. SELLERS 182 BAY GROVE RD. SOUTH FREEPORT, FLA 32439		Street Address (P Suite, Apt. #, Etc. City	O. Box Number is Not Acceptable)	State Zip Code
X X \/////	ve named corporation, am familiar v	vith and accept the ob	ligations of Section 607.0505, F.S.	
Signature of Registered Agent Date 6/11/97				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 quality 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: MABEL H. SELLERS, SEC/TREA JAN STRICER OF DIRECTOR DIRECTOR DATE 0/11/97 912-246-0646 Date Daytime Phone #				