

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F00000005678

1. Corporation Name

JACKSON OIL PRODUCTS COMPANY

Principal Place of Business

980 BIERDERMAN ROAD  
JACKSON MS 39208

Mailing Address

PO BOX 5568  
JACKSON MS 39208

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

15800 John J. Delaney Dr #500  
Charlotte NC

Charlotte NC

28277

4. Date Incorporated or Qualified  
To Do Business in Florida

10/06/2000

5. FEI Number

64-0321850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT

01

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	WELCHER, F. ANDREW	PO BOX 5568 15800 John J. Delaney Dr #500	JACKSON MS Charlotte NC 28277
W T	WILLIAMS, HENRY William A. Baum	PO BOX 5568 15800 John J. Delaney Dr #500	JACKSON MS Charlotte NC 28277
S	WELCHER, GAIL Lawrence P. Levine	PO BOX 5568 15800 John J. Delaney Dr #500	JACKSON MS Charlotte NC 28277

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

Barbara A. Burke

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

11-9-01

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence P. Levine

NOV 30 2001

Daytime Phone #

704.540.

8125 ext

222

CR2E040 (8/01)