	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
API	PLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			FILED			
PEINCTATEMENT			Secretary of State  IVISION OF CORPORATIONS		99 JAN 28 AM 10: 52			
DOCUMENT # F9700004413  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SILCO	OIL CO.							
,	ace of Business	•	Mailing Address			ia ibili sadel adeli balik adiri basik as	ill Biller Brasi klass elle 1881	
DENVER CO		<del>PO BOX 18528 -</del> DENVER CO 80216						
If above addresses are incorrect in any way, line through incorrect information and enter correction bel					REINSTATEMENT 98-99ai			
181 E	ncipal Office Address, If Applicable	181 E. 5				Date Incorporated or Qualified     To Do Business in Florida     08/21/1997		
	(600	SUITE	Suite, Apt. #, etc. SUITE 600 City & State				Applied For	
DENVER CO DE			DÉNIVER CO			84-0913149	Not Applicable  75 Additional Fee required	
zip802	16 J USA	21P80216		<i>S</i> A	<u>L</u>	E OF STATUS DESIRED 🔲	or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Fto Name of Officers and/or Directors 1			order nonprofit corporations must list at least 3 directors and a street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD	TORREGGIANI, RAY	633 REDSTONE DRIVE			BROOMFIELD CO 80020			
DV	PRATHER, ROBERT	802 W. MULBERRY STREET			LOUISVILLE CO 80027			
ST/D HUTCHINGS, DALE			5531 SOUTH NUCLA ST.			AURORA CO 80015		
			1			000027654614 -02/05/9901010011 ****750.00 ****750.00		
				1000027654614 -02/05/9901010012 *****150.00 *****150.00				
	8. Name and Address of Current F	Registered Age	nt		9. Name and	Address of New Registered A	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.				
				City		State FL	Zip Code	
5. I, being Signature o (tegistered		ve named corporate of the corporate of t	T. 1	th and accept the ot VICKY GC IPECIAL ASSIST.	OLDSTEIN	12/12	198	
	is corporation owes or ha angible Personal Propert			ar Yes 🗀	No 🛛		e for information gible 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: T.Q. LYUT JULY 12/10/98 (303)292:0500  Date Daylime Phone #								