

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


10 JUN 21 AM 11:03

SECRETARY OF STATE
TALLahassee, FLORIDA

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06/21/10--01059--026 **150.00
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06/21/10--01059--025 **150.00

REINSTATEMENT 09-10
CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000005824**

1. Corporation Name
LYKINS OIL COMPANY

2. Principal Office Address - No P.O. Box #
5163 Wolfpen Pleasant Hill

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Milford Ohio

City & State

Zip Country
45150 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
10/19/1998

5. FEI Number
31-1452295

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
N.R.A.I.

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DR

Suite, Apt. #, Etc.
Suite 4

City State Zip Code
Weston FL 33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Please See reverse -

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Jill Probst** Date **4/13/10**

REGISTERED AGENT MUST SIGN

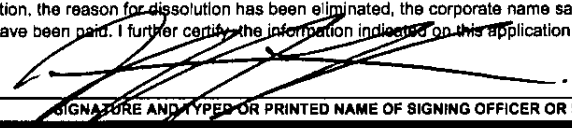
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	DONALD J LYKINS	5163 WOLFPEN PLEASANT HILL RD	MILFORD OH 45150
V.P.	RONALD W LYKINS	" "	" "
Treas	ROBERT J MANNING	" "	" "
Dir	DONALD F LYKINS	" "	" "
Dir	LINDA A LYKINS	" "	" "

10. E-mail Address: **KIGO@LYKINSCOMPANIES.COM**

(To be used for future annual report notification)

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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12290