

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 NOV 13 PM 2:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000005824**

1. Corporation Name
LYKINS OIL COMPANY

Principal Place of Business	Mailing Address
5163 WOLFPEN PLEASANT HILL RD MILFORD OH 45150	5163 WOLFPEN PLEASANT HILL RD MILFORD OH 45150



REINSTATEMENT 03

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 To Do Business in Florida	10/19/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	31-1452295
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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	LYKINS, DONALD F	147 MIAMI LAKES DR.	MILFORD OH 45150
V	LYKINS, DONALD J	943 HIDDEN RIDGE DR.	MILFORD OH 45150
T	MANNING, ROBERT J	3239 PARK HILL DR.	CINCINNATI OH 45248

Address (P.O. Box Number is Not Acceptable)
880023589118
 10/06/03--01069--024 **750.00
 FL Zip Code

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered 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 Zip Code FL

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. or 617.0505, F.S.

Signature of Registered Agent: Stacia L. Williams Stacia L. Williams Date 10/20/03
 REGISTERED AGENT MUST SIGN Asst. Sect.

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: Robert J. Manning Robert J. Manning, Treas. 10/14/03 513-831-8820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)