

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N44990**

1. Corporation Name

AMOCO DEALERS AND JOBBERS FOR THE KIDS, INC.

Principal Place of Business

2165 DIANE CT
CLEARWATER FL 34623 **33763**

Mailing Address

2165 DIANE CT
CLEARWATER FL 34623 **33763**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/03/1991

5. FEI Number

59-3084157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75. A fee of \$5.75 is 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
PD	VAN PEER, RICHARD N.	2165 DIANE CT	CLEARWATER FL
SD	GRAY, RICHARD B.	12460 CAPRI CIR	TREASURE ISLAND FL
ID	KARPUGH, HANAN	15714 COUNTRY LANE DR	TAMPA FL
TO	FLOYD R. BURD	6015 COUNTRY ROOF LG.	NEW PORT RICHAH A

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAN PEER, RICHARD N.
2165 DIANE CT
CLEARWATER FL 34623 **33763**

Name

Street Address (P.O. Box Number is Not Acceptable)

800003038668--5

Suite, Apt. #, Etc.

-11709799--01103--014

City

******236.25**

******236.25**

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

Richard N. Van Peer

REQUIRED

Date

10-15-99

REGISTERED AGENT MUST SIGN

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:

Richard N. Van Peer

REQUIRED

Date

10-15-99

Daytime Phone #

722-443-7536