

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 NOV -3 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **029297**

1. Corporation Name
Southeastern Lubricants, Inc.

Principal Place of Business Mailing Address
Route 2, Box 182 Route 2, Box 182
Freeport, FL 32439 Freeport, FL 32439

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 May 9, 1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-1894976	
City & State		City & State		Applied For Not Applicable	
Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	E.J. Sellers	182 Bay Grove Road South	Freeport, FL 32439
ST	Mabel H. Sellers	182 Bay Grove Road South	Freeport, FL 32439

REINSTATEMENT *9/7/97 11/3/97*

500002338865--0
-11/05/97--01067--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent E.J. Sellers Route 2, Box 182 Freeport, FL 32439		9. Name and Address of New Registered Agent Name Michael P. Bist Street Address (P.O. Box Number is Not Acceptable) 1300 Thomaswood Drive Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32312	
--	--	--	--

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 *[Signature]* Date _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible 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: *[Signature]* Date *11/3/97* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)