

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000025535**

1. Corporation Name

PHILLIPS & MUNZEL OIL CO., INC.

Principal Place of Business

POST OFFICE BOX 295
RUSKIN FL 33570

Mailing Address

POST OFFICE BOX 295
RUSKIN FL 33570

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1994

5. FEI Number

50-3231173

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
D	MUNZEL, CLYDE W	P O BOX 5856 N/A	SUN CITY CENTER FL 33573 - 5656
D	PHILLIPS, ROBERT G	P O BOX 295 N/A	RUSKIN FL 33570 - 0295

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

PHILLIPS, ROBERT G
2704 SR 674
RUSKIN FL 33570

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300003065243--9

-12/09/99--01051--005

******750.00 ****750.00**

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.

Signature of
Registered Agent

Robert G. Phillips

REGISTERED AGENT MUST SIGN

Date

11/3/99

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 G. PHILLIPS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/99

813 645-1208
Daytime Phone #