

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 1:34

DOCUMENT # P94000025535 (3)

1. Corporation Name

PHILLIPS & MUNZEL OIL CO., INC.

2. Principal Office Address

POST OFFICE BOX 295

3. Mailing Office Address

POST OFFICE BOX 295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RUSKIN FL 33570-0295

City & State

RUSKIN FL 33570-0295

Zip

33570

Country

USA

Zip

33570

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/31/94

5. FEI Number

59-3231173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

ROBERT G PHILLIPS

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

2704 E COLLEGE AVENUE

Suite, Apt. #, Etc.

City

RUSKIN

State
FL

Zip Code

33570-0295

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

Robert G. Phillips
REGISTERED AGENT MUST SIGN

Date

3/20/2002

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
D.	CLYDE W MUNZEL	POST OFFICE BOX 5856	SUN CITY CENTER FL 33573
D	ROBERT G PHILLIPS	POST OFFICE BOX 295	RUSKIN FL 33570-0295

10. 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

3/20/2002

813 645 1208

Daytime Phone #

CR2E081 (9/01)