

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

WPT

FILED

02 NOV 13 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000027696

1. Corporation Name
OXY CORP OF THE SOUTHEAST

Principal Place of Business Mailing Address
1193 AUTUMN BREEZE CIRCLE 1193 AUTUMN BREEZE CIRCLE
GULF BREEZE FL 32563 GULF BREEZE FL 32563

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 04/07/1995 5. FEI Number 59-3325812 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee required for a Certificate of Status

5/28/02 91740 033-150



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THUESEN, GEORGE D	2784 VENETIAN WAY	GULF BREEZE FL 32561

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THUESEN, GEORGE D
1809 RESERVE BLVD APT 89
GULF BREEZE FL 32561
*1193 Autumn Breeze Cir
Gulf Breeze FL 32563*

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 *[Signature]* SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date *10/22/02*

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 *[Signature]* SIGNATURE REQUIRED (George D Thuesen) 10/22/02 850-934-7475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

Michelle Mulligan

2012

I never received any original
UBRS from your office nor
did I receive a rejection on
June 4 of 2002. Please waive the
penalty fee.

Thank You

George Jensen

P.S.
Thank Michelle for all
your help.