

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000063499

1. Corporation Name

MANATEE OIL, INC.

Principal Place of Business

5066 47TH STREET WEST  
BRADENTON FL 34201

Mailing Address

5066 47TH STREET WEST  
BRADENTON FL 34201

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

2. New Principal Office Address, If Applicable

3612 CORTEZ RD. W.

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34210

Country

MANATEE

3. New Mailing Office Address, If Applicable

5066 47TH ST. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34210

Country

MANATEE

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1998

5. FEI Number

65-0852898

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VS	PUNG, JOCELYN	5066 47TH STREET WEST	BRADENTON FL 34201
PT	PUNG, JOEL	5066 47TH STREET WEST	BRADENTON FL 34201
			000004659730--8 -10/30/01--01086--015 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

PUNG, JOCELYN  
5066 47TH STREET WEST  
BRADENTON FL 34201

9. Name and Address of New Registered Agent

Name

157A

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

Suite, Apt. #, Etc.

City

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

JOCELYN PUNG

REGISTERED AGENT MUST SIGN

Date

10-11-01

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:

JOCELYN PUNG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOCELYN C. PUNG 10-11-01 (941) 730-0062

CR2040 (8/01)