

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86984

1. Corporation Name

Como Oil Company of Florida

2. Principal Office Address - No P.O. Box #

3586 SW Martin Hwy

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

3. Mailing Office Address

P.O. Box 386

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34991

Country

USA

000215591090

12/28/11--01039--002 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1991

5. FEI Number
65-0289974

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randi J. Huseby

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

3586 SW Martin Hwy

Suite, Apt. #, Etc

City

Palm City

State

FL

Zip Code

34990

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

Randi J. Huseby
REGISTERED AGENT MUST SIGN

Date December 27, 2011

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
CD	Hall, Robert M	128 N 21st Street	Superior, WI 54880
PD	Huseby, Randi J	3586 SW Martin Hwy	Palm City, FL 34990
VP	Culberson, Dan	3586 SW Martin Hwy	Palm City, FL 34990

10. E-mail Address: rhuseby@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Randi J. Huseby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 27, 2011 772-287-1900

Date

Daytime Phone #