

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:04

**DOCUMENT # 480477**

1. Corporation Name

**MAASSEN OIL CO., INC.**

SECRETARY OF STATE  
REINSTATEMENT 23

Principal Place of Business

Mailing Address

612 N BREVARD AVE  
ARCADIA FL 34266  
US

PO BOX 877  
ARCADIA FL 34265  
US



500023958175  
10/21/03--01010--005 \*\*758.75

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/14/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-1608783	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 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
SDT	MAASSEN, KATHRYN	1440 N ARCADIA AVE	ARCADIA, FL 00000 34266
PD	MAASSEN, JOHN, III	2490 NW OWENS AVE	ARCADIA, FL 00000 34266
VD	MAASSEN, DAVID LAMBERT	140 S. OSCEOLA AVENUE	ARCADIA, FL 00000 34266
VD	MAASSEN, FRANK EDWARD	HANSEL ROAD	ARCADIA, FL 00000 34266
C	MAASSEN JR., JOHN S.	1440 NORTH ARCADIA AVE	ARCADIA, FL 00000 34266

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
MAASSEN, JOHN S., III 612 N. BREVARD AVENUE ARCADIA FL 34266		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	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. or 617.0505, F.S.

Signature of Registered Agent *John S. Maassen III* Date 10/15/03  
REGISTERED AGENT MUST SIGN

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:** John S. Maassen III 10/15/03 863 499-2253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)