

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #557615

1. Corporation Name

Appco Oil & Gas Corporation

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

P.O. Box 572843

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77257

Country

U.S.A.

3. New Mailing Office Address, If Applicable

P.O. Box 572843

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77257

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01-19-78

5. FEI Number

59-2074519

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Miller, Roger L	99 N. Post Oak Lane #5308	Houston, TX 77024
S	Sanschagrin, Gloria	840 Debarry Ave.	Enterprise, FL 32725
			9000002395819--3
			-01/03/98--01074--003
			***1767.50 ***1767.50

REINSTATEMENT

8. Name and Address of Current Registered Agent

Sanschagrin, Gloria G
3442 Baymeadow Court
Windermere, FL 32786

9. Name and Address of New Registered Agent

Name Gloria G Sanschagrin
Street Address (P.O. Box Number is Not Acceptable)
840 Debarry Ave
Suite, Apt. #, Etc.

City

Enterprise

State

FL

Zip Code

32725

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

Gloria G. Sanschagrin

REGISTERED AGENT MUST SIGN

Date

11/1/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Gloria G. Sanschagrin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria G. Sanschagrin

11/1/97

Date

(407) 574-6796

Daytime Phone #