

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 MAY 30 AM 11:53

DOCUMENT # F01000002965

1. Corporation Name
 TEXACO CARIBBEAN INC.

2. Principal Office Address 6001 BOLLINGER CANYON ROAD Suite, Apt. #, etc. City & State SAN RAMON, CA. Zip 94583		Country USA		3. Mailing Office Address C/O CHEVRONTEXACO CORP./TAX DEPT Suite, Apt. #, etc. 2613 CAMINO RAMON, RM5319 City & State SAN RAMON, CA. Zip 94583		Country USA	
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REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 06/04/2001

5. FEI Number 74-1383449 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
 CORPORATION SERVICE COMPANY
 Street Address (P.O. Box Number is Not Acceptable)
 1201 HAYS STREET
 Suite, Apt. #, Etc.
 City
 TALLAHASSEE

State
 FL

Zip Code
 32301-2525

000020285200

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 Laura R. Dunlap **Laura R. Dunlap as its agent** Date 5/30/03

REGISTERED AGENT MUST SIGN

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
C & D	J. C. McHUGH	150 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134
P & D	E. N. NELSON	6001 BOLLINGER CANYON RD	SAN RAMON, CA. 94583
V	H. J. LOPEZ	6001 BOLLINGER CANYON RD.	SAN RAMON, CA. 94583
V & S	W. C. TAYLOR	6001 BOLLINGER CANYON RD	SAN RAMON, CA. 94583
T	H. B. SHEPPARD	6001 BOLLINGER CANYON RD	SAN RAMON, CA. 94583
V & D	J. PLENTZ	2333 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134

10. 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: Walker C. Taylor **Walker C. Taylor** Date May 27, 2003 Daytime Phone # 9758472000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 060508 5029977

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 900.00

ORDER DATE : April 21, 2003

ORDER TIME : 10:06 AM

ORDER NO. : 060508-005

CUSTOMER NO: 5029977

CUSTOMER: Pat E. Primus
Chevrontexaco Corporation
Bldg. T 3rd F, Corp Sec Dept
Legal 6001 Bollinger Canyon Rd
San Ramon, CA 94583-2324

REINSTATEMENT

NAME: TEXACO CARIBBEAN INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight 1156

EXAMINER'S INITIALS _____

RECEIVED
03 MAY 30 AM 10:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA