

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 APR -5 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

2001-2002

DOCUMENT # *L99000003773*

1. Limited Liability Company's Name

Calamart, LLC

REINSTATEMENT

2001-2002

2. Principal Office Address
4150 Hwy 326

3. Mailing Office Address
1976 82nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Vero Beach, FL

Zip
34482

Country
USA

Zip
32966

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
65-0890704

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Collins, Brown, Cadwell, Barkett & Garyaglia

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

Suite, Apt. #, Etc.

City
Vero Beach

600005237336--6
-04/11/02--01023--006
*****50.00 *****50.00
600005237336--6
-04/11/02--01023--007
State
FL
32963

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Phil [Signature]

Date *3/14/02*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Orange State Oil Company	1976 82nd Avenue	Vero Beach, FL 32966
member	John F. Busch C/O Lakeshore Petrocorp	241 S Frontage Road Suite 45	Burr Ridge, IL 60521
manager	Patrick Copeland	1976 82nd Avenue	Vero Beach, FL 32966

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Patrick Copeland MP

Date *3/6/02*

Daytime Phone # *(561) 569-9003 X-17*

Typed or printed name of signing Managing Member/Manager *Patrick T Copeland*

CR2E041 (9/01)