


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000051113			
1. Corporation Name SABA OIL, INC.			
2. Principal Office Address 5303 14 th St. West Suite, Apt. #, etc.		3. Mailing Office Address 5303 14 th St. W. Suite, Apt. #, etc.	
City & State Bradenton - FL Zip 34207 Country USA		City & State BREDEnton - FL Zip 34207 Country USA	

FILED

03 OCT 21 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	06/28/1995
5. FEI Number	59-3321611
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Kourosh Attari	
Street Address (P.O. Box Number is Not Acceptable) 4506 26 th St W.	
Suite, Apt. #, Etc. Unit # C	
City Bradenton	State FL Zip Code 34207

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-17-03

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
P	Attari, Kourosh	6391 Jackie Lynn Ct	SARASOTA - FL 34231
T	Attari, KAYVAN	750 N. TAMiami Trail Apt # 1107	SARASOTA, FL, 34236

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:

[Signature]

Kourosh Attari

Pre. 10-17-03 941-704-5178

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

10/17/03

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To Whom It May Concern

Dear Madam / Sir

My office did not receive the annual reinstatement form. I contacted your department and they advise me the best quickest way to get it and mail this form is on the Internet.

Attached is the form all filled out with a change of director.

Should you have any question please contact me at 941-704-5178.

We would appreciate if your office waves any penalty.

Thank you in advance.



Kourosh Attari

President