

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|--|--------------------|
| DOCUMENT # 450949 | | | |
| 1. Corporation Name NORTH AMERICAN OIL COMPANY | | | |
| Principal Place of Business 2200 MAY CT KENNESAW GA 30144 US | | Mailing Address 2200 MAY CT KENNESAW GA 30144 US | |
| 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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. Date Incorporated or Qualified To Do Business in Florida | | 04/24/1974 | |
| 5. FEI Number | | 58-1224926 | |
| CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| 1 | 2 | 3 | 4 |
| PD | YUDIN, CAL | 300 JENNY LIND LANE | ALPHARETTA GA |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| WOWL, BARBARA 1240 LUGO AVE. MIAMI BEACH, FL CORAL GABLES FL 33156 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | |
| 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 SIGNATURE REQUIRED | | Date 11/19/01 | |
| 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: SIGNATURE REQUIRED | | 11/16/01 6787355-0575 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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North American
Oil Company
2200 May Court
Kennesaw, Georgia 30144
678-355-0575
800-554-3014
Fax 678-355-0885

November 16, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application Fee for Reinstatement

Dear Sir or Madam:

We received the Application for Reinstatement for not filing the renewal application due May 1, 2001. We never received the original application. North American Oil Company has been a Florida Corporation for 27 years. In that time, we have always paid the Application fee with the Division of Corporations the day it was received in the mail. We would appreciate you taking this into consideration and accept the original filing fee of \$150.00 enclosed with the Reinstatement Form.

Sincerely,

Cal Yudin
President