

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATION  03 MAY 30 AM 11:53	
<b>DOCUMENT #</b> F01000002965					
1. Corporation Name  TEXACO CARIBBEAN INC.					
2. Principal Office Address  6001 BOLLINGER CANYON ROAD Suite, Apt. #, etc.  City & State  SAN RAMON, CA.  Zip                      Country 94583                      USA		3. Mailing Office Address  C/O CHEVRONTXACO CORP./TAX DEPT Suite, Apt. #, etc.  2613 CAMINO RAMON, RM5319 City & State  SAN RAMON, CA.  Zip                      Country 94583                      USA		<div style="text-align: center;"><b>REINSTATEMENT</b> 02-03</div> <div style="text-align: center;">4. Date Incorporated or Qualified To Do Business in Florida                      06/04/2001</div> <div style="text-align: center;">5. FEI Number                      Applied For 74-1383449                      Not Applicable</div> <div style="text-align: center;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                      \$8.75 Additional Fee required for a Certificate of Status</div>	
7. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px;">Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc.  City                      State                      Zip Code TALLAHASSEE                      FL                      32301-2525</div>					
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent <u>Laura R. Dunlap</u> REGISTERED AGENT MUST SIGN</div><div><b>Laura R. Dunlap</b> as its agent</div><div>Date <u>5/30/03</u></div></div>					
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.					
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u>Walker C. Taylor</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div><b>Walker C. Taylor</b> Date <u>May 27, 2003</u> Daytime Phone # <u>925 847-2000</u></div></div>					



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 060508 5029977

AUTHORIZATION :

COST LIMIT : \$ 900.00

*Patricia Pigute*

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