PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY -2 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K16430

1. Corporation Name
LIFE PETROLEUM, INC

2. Principal Office Address	3. Mailing Office Address
21131 NE 24 CT	21131 NE 24 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1988

5. FEI Number: 65-0037085 ☐ 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: MICHAEL H. JORDAN

900004195229--3
-05/11/01--01025--022
***2170.00 ***2170.00

Street Address (P.O. Box Number is Not Acceptable): 21131 NE 24 CT

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33180

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: Michael H. Jordan Date: 4/18/01
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
PRES	BRADLEY CASSEL	6740 SW 76 TR	MIAMI FL 33143 1514

REINSTATEMENT 91.01

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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: Bradley Cassel BRADLEY CASSEL 4/18/01 305 8152942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/99)