

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR -5 PM 1:36

**DOCUMENT # L01000004593**

1. Limited Liability Company's Name

**AMERICAN PETROLEUM PRODUCTS LLC**

1008000004495

200115892132  
03/21/08--01008--023 \*\*138.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

11767 S DIXIE HWAY

Suite, Apt. #, etc.

# 399

City & State

PINECREST, FL

Zip

33156

Country

DADE

3. Mailing Office Address

11767 S DIXIE HWAY

Suite, Apt. #, etc.

# 399

City & State

PINECREST, FL

Zip

33156

Country

Dade

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/26/2001

6. FEI Number

753088738

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

Maria D. Schlafke

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

11767 S DIXIE HWAY

Suite, Apt. #, Etc.

# 399

City

PINECREST

State

FL

Zip Code

33156

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Maria D. Schlafke*  
REGISTERED AGENT MUST SIGN

Date 1/17/08

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| MGRM   | MARIA D. SCHLAFKE                    | 11767 S DIXIE HWAY # 399                          | PINECREST, FL 33156 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

200115892132  
01/23/08--01031--003 \*\*238.75

**REINSTATEMENT**

W/O

06-08

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

*Maria D. Schlafke*

Date 1/17/08

Daytime Phone # (786) 344-7740

Typed or printed name of signing Managing Member/Manager