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PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 APR 24 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000005815

1. Limited Liability Company's Name

PURVI PETROLEUM II, LLC

2. Principal Office Address	3. Mailing Office Address
7701 Universal Blvd	730 W. Colonial Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl 32819	City & State: Orlando Fl
Zip: 32819 Country: USA	Zip: 32804 Country: USA

4. State/Country of Formation: Fl. USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 59-3710452 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Dharmendra Patel

Street Address (P.O. Box Number is Not Acceptable): 7701 Universal Blvd

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32819

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: X _____ Date: 4/24/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City-State-Zip Code
mgr	Patel, Dharmendra	7701 Universal Blvd	Orlando Fl 32819
mgr	Patel, Kalpesh J.	7701 Universal Blvd	Orlando, Fl 32819
mgr	Patel, Rajendra	7701 Universal Blvd	Orlando, Fl 32819
mgr	Patel, Siteadra	7701 Universal Blvd	Orlando, Fl 32819
mgr	Kanji, Azina	730 W Colonial Dr	Orlando Fl 32804

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 608.408, F.S., and that all taxes 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: X _____ Date: 4/24/03 Daytime Phone #: 407 423-2371

Typed or printed name of signing Managing Member/Manager: _____

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

PURVI PETROLEUM II, L.L.C.

Certificate of Status	0
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Page Count	02
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