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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
In South  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000022110

Name and Mailing Address

0009617 01 FP 0.352 \*\*PRSRT H3 0 0615 32541-292565



PETRO OIL LLC  
1234 AIRPORT ROAD  
SUITE 215  
DESTIN FL 32541-2925

04 MAR 12 PM 1:31

LL 03/24/04



REINSTATEMENT 2003  
2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/19/2001	
Principal Place of Business 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59 37 55013	Applied For Not Applicable
8. Name and Address of Current Registered Agent NORTHROP, MICHAEL K ESQ. 2333 BRICKELL AVE. SUITE D-1 MIAMI FL 33129		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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  Date 12/19/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
(MGRM) Pres. Richard Olson		1234 Airport Road Ste 215	Destin, FL 32541
			000025773360 12/25/03--01053--002 **150.00
			000025773360 03/12/04--01020--028 **50.00
12. 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  Date 12/23/03 Daytime Phone # 850-650-2858 Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT

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CR2E084 (8/02)