

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 21 AM 9:09

DOCUMENT # L02 000008319

1. Limited Liability Company's Name

OilPRO LLC.

2. Principal Office Address

7505 NW 36 ST.

Suite, Apt. #, etc.

City & State

MIAMI FLA3

Zip

33166

Country

USA

3. Mailing Office Address

7505 NW 36 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

043637556

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

CARLOS LORA

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

7505 NW 36 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]

Date 6/6/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRA</u>	<u>CARLOS LORA</u>	<u>7505 NW 36 ST</u> <u>MIAMI</u>	<u>MIAMI, FL 33166</u>
<u>MGRA</u>	<u>JAVIER RODRIGUEZ</u>	<u>7505 NW 36 ST</u> <u>MIAMI</u>	<u>MIAMI, FL 33166</u>
<u>MGRA</u>	<u>JUAN ARLAUDIS</u>	<u>7505 NW 36 ST</u> <u>MIAMI</u>	<u>MIAMI, FL 33166</u>

400076550744
06/21/06--01062--001 **300.00

REINSTATEMENT 03-06

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

[Signature]

Date 6/15/06

Daytime Phone #

786-
3125768

Typed or printed name of signing Managing Member/Manager