

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 12 AM 11:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300155529193
05/06/09--01020--003 **\$60.00
CR2E041 (10/08)

DOCUMENT # L02000012866

1. Limited Liability Company's Name

AMERICAN PETROLEUM OF FRANJO LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

11767 S DIXIE HWAY

Suite, Apt. #, etc.

#399

City & State

MIAMI FL

Zip

33156

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **5/24/2002**

6. FEI Number

010725019

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 SCHLAFKE

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

11767 S DIXIE HWAY

Suite, Apt. #, Etc.

399

City

MIAMI

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 Schlafke

REGISTERED AGENT MUST SIGN

Date

4/24/09

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
<i>mgrm</i>	MARIA SCHLAFKE	11767 S DIXIE HWAY 399	MIAMI FL 33156

REINSTATEMENT *06-09*

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 Schlafke

Date

4/24/09

Daytime Phone #

7863447740

Typed or printed name of signing Managing Member/Manager

MARIA SCHLAFKE