

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 AM 9:40

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO3000003788

1. Limited Liability Company's Name

Florida Oil Group L.L.C.

200060853422
10/21/05--01026--018 **150.00

CR2E041 (8/05)

2. Principal Office Address
5245 Hickory Wood DR.

Suite, Apt. #, etc.

3. Mailing Office Address
5245 Hickory Wood DR.

Suite, Apt. #, etc.

City & State
Naples, FL

Zip
34119

Country
USA

City & State
Naples, FL

Zip
34119

Country
USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida
01/30/2003

6. FEI Number
33-1041630

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

Keith, William C

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

1517 Commercial Park Dr.

Suite, Apt. #, Etc.

City

Lakeland,

700061517927

11/17/05--01043--004 **50.00

State

FL

Zip Code

33801

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

William Keith

Date

10/19/05

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
MGR	Joseph P. Clancy	5245 Hickory Wood Dr.	Naples/FL/34119

DECLARATION OF
REINSTATEMENT

04-05

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

Joseph P. Clancy

Date

10-19-05

Daytime Phone #

239-262-7426

Typed or printed name of signing Managing Member/Manager **Joseph P. Clancy**