## 2007 LIMITED LIABILITY-COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
CIVISION OF CORPORATIONS DOCUMENT # L03000017378 1. Entity Name TJ PÉTROLEUM, LLC 07 NOV 27 PM 2: 13 Principal Place of Business Mailing Address 30833/XMAXOARBAD X300CXYMMAXDXRQAD x<del>5,8,#1,084</del> \_BOCA RATON, FL\_33434 ×8XXXXXXXX 6x8x4x1984× BOCA RATON, EL. 33434 Principal Place of Business - No P.O. Box # 3. Mailing Address 12632 Colony Preserve ⊅r. 12632 Colony Preser√e Suite, Apt. #, etc. Suite, Apt. #, etc. 11202007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For Boynton Beach FL 11-3699185 Not Applicable Bovnton Beach Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33436 Palm Beach 33436

6. Name and Address of Current Registered Agent Palm Beach 7. Name and Address of New Registered Agent Name KARGER, STACY L WILLIAM MAXAKOULIS
et Address (P.O. Box Number is Not Acceptable) Street Address **12449 NW 63RD STREET** ddress (P.O. Box Number is Not Acceptable)
2632 Colony Preserve Dr CORAL SPRINGS, FL 33076 Boynton Beach, FL Zip Code 33436 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent algorature required when reinstating) of registered agent and title it applicable DATE Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE X Delete TITLE MGRM Change Addition KARGER, WILLIAM H NAME NAME WILLIAM MAXAKOULIS 3003 YAMATO ROAD, C-8 #1084 STREET ADDRESS STREET ADDRESS 12632 Colony Preserve Dr. Boynton Beach, FL 33436 CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME 000112597510 STREET ADDRESS STREET ADDRESS 11/27/07--01018--010 \*\*150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AD CITY-ST-Z CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 21