


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 JAN 22 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # **L04000030441**

1. Limited Liability Company's Name

**OILCOM, LLC**

2. Principal Office Address

**2025 NE 164 ST.**

Suite, Apt. #, etc.

**Suite 515**

City & State

**N. MIAMI BEACH, FL**

Zip

**33162**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified To Do Business in Florida

**10/04**

6. FEI Number

**42-1721162**

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

**GLORIA P. ORIBE**

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

**2025 NE 164TH ST**

Suite, Apt. #, Etc.

**Suite 515**

City

**N. MIAMI BEACH,**

State

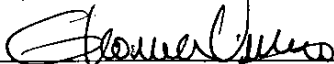
**FL**

Zip Code

**33162**

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



Date **01-11-07**

REGISTERED AGENT MUST SIGN

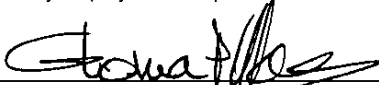
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	GLORIA P. ORIBE	2025 NE 164TH ST # 515	N. MIAMI BEACH, FL 33162

**REINSTATEMENT** 05.06.07

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



Date **1-11-07** Daytime Phone # **(954) 572-7372**

Typed or printed name of signing Managing Member/Manager