

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 NOV -8 P 5: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # 204000037358

1. Limited Liability Company's Name

MAXKO Petroleum LLC

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

10300 W. Commercial

Suite, Apt. #, etc.

City & State

Sunrise FL.

Zip

33351

Country

U.S.

3. Mailing Office Address

10300 W. Commercial

Suite, Apt. #, etc.

City & State

Sunrise FL.

Zip

33351

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

05/11/04

6. FEI Number

☒ 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

STUART HOWITT

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

3333 W. Commercial Blvd

Suite, Apt. #, Etc.

110

City

Ft. Lauderdale

State

FL

Zip Code

33309

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/17/07

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
MEM	THEODORE MAXAKOULIS	1730 S. Military Trail	WP Beach, FL 33415

00011135000  
10/23/07--01019--011 \*\*150.00

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REINSTATEMENT

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 10/17/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

**Howitt & Associates**

3333 W Commercial Blvd  
Suite 110  
Ft. Lauderdale, Fl. 33309  
Tel 954-735-7178  
Fax 954-735-7488


October 17, 2007

To: Department of State  
From: Stuart Howitt  
Subject: Maxko Petroleum LLC

I am filing reinstatement forms for my client. Enclosed you will find a check to cover the fees.

Please forward me all correspondence that this has been completed. If more questions are needed, please contact me at the above numbers.

Sincerely,



Stuart Howitt  
Enrolled Agent  
2007-63037