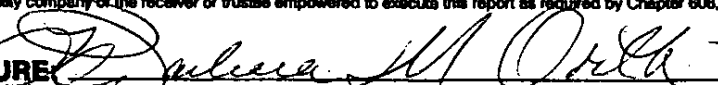


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:07

DOCUMENT # L05000096488					
1. Entity Name ORTH OIL, LLC					
Principal Place of Business 1 HYDE PARK ROAD PENSACOLA, FL 32503			Mailing Address 1 HYDE PARK ROAD PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3610126	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTH, BARBARA 1 HYDE PARK ROAD PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)					
FILE NOW!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTH, BARBARA 1 HYDE PARK ROAD PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700080786627 10/12/06--01064--021 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTH, ROGER M 1 HYDE PARK ROAD PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2006	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE 			Date 10/6/06 (850) 438 8862		