

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 APR -1 P 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600148267176
04/01/09--01020--010 **277.50

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

LO7000123304

First Choice Oil & Gas, LLC

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

2333 Old Orchard Road

Suite, Apt. #, etc.

City & State

Abilene, Texas

Zip

79605

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/18/2007

6. FEI Number
26-1661009

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

John R. Kiefner, Jr., Esq.

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

146 2nd Street North

Suite, Apt. #, Etc.

Suite 300

City

St. Petersburg

State

FL

Zip Code

33701

☒ 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

3/30/09

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
Mbr	Chester E. Carroll	2333 Old Orchard Road	Abilene TX 79605
Mbr	Kenneth E. Brown	242 Hillcrest Drive	Fredericksburg VA 22401-4010

INITIALLY SIGNED
REINSTATEMENT
08-09
JES

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

Kenneth E. Brown

Date

3/30/09

Daytime Phone #

1278948000

Typed or printed name of signing Managing Member/Manager

Kenneth E. Brown Member