

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000116845

FILED
Jan 05, 2010
Secretary of State

Entity Name: S.O.B PETROLEUM INVESTORS GROUP, LLC

Current Principal Place of Business:

531 NW 178 TERR
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

17845 NW 15 COURT
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

531 NW 178 TERR
PEMBROKE PINES, FL 33029 US

New Mailing Address:

17845 NW 15 COURT
PEMBROKE PINES, FL 33029 US

FEI Number: 26-3948359 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CABANAS & ASSOCIATES
10520 NW 26TH STREET
201
DORAL, FL 33172 US

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.

SIGNATURE: JOE CABANAS

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BENITEZ, OVIDIO
Address: 1531 NW 178 TERR
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: MUELLER, MARTIN
Address: 17845 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: BENITEZ, SONIA
Address: 1531 NW 178 TERR
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: MUELLER, TERESA J
Address: 17845 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: MARTIN MUELLER

VP

01/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date