

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011010 14 5:18

DOCUMENT # L10000127329

1. Limited Liability Company's Name

Chief OIL DC, LLC

NOTICE 2006 F.S. 330.04  
13/10/10 -- 01058 -- 005 -- 332.50

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

15347 US Highway 301

Suite, Apt. #, etc.

CLARK

City & State

Dade City, FL - 33523

Zip

33523

Country

USA

3. Mailing Office Address

~~15347~~ 4725 N. 159th St

Suite, Apt. #, etc.

8

City & State

BROOKFIELD, WI

Zip

53005

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

12/13/2010

6. FEI Number

27-4329283

Applied For

No: 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

Rajesh Sarhan

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

15347 US Highway 301 North

Apt. #, Etc.

CLARK GAS

City

Dade City, FL

State

FL

Zip Code

33523

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*Rajesh Sarhan*

REGISTERED AGENT MUST SIGN

Date 3-1-20

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGRM	Sharon K. WALIA	4151 COPPER HILL Drive	SPRING HILL, FL-34609

MAR 11 2020 *CRK*

11. E-mail Address:

Jasonsingh @ AOL. Com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Sharon K. Walia*

Date 3-1-20

Daytime Phone #

414-588-0554

Typed or printed name of signing authorized representative/member

SHARON K. WALIA