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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : INC. PLAN (USA)
Account Number : I20100000017
Phone : (302)428-1200
Fax Number : (302)213-0042

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** cquigley@incplan.net

## LIMITED LIABILITY REINSTATEMENT
## HELIOS PETROLEUM LLC

| | |
|---|---|
| Certificate of Status | 0 |
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| Page Count | 01 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000098257

1. Limited Liability Company's Name
HELIOS PETROLEUM LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| Mutsamudu | Mutsamudu |
| Suite, Apt. #, etc.: Suite 1156 BP 303 | Suite, Apt. #, etc.: Suite 1156 BP 303 |
| City & State: Anjouan | City & State: Anjouan |
| Zip: / Country: Comoros | Zip: / Country: Comoros |

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: June 18, 2014

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: Northwest Registered Agent LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3030 N Rocky Point Dr

Apt. #, Etc.: Ste 150 A

City: Tampa | State: FL | Zip Code: 33607

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: Tom Glover-- Assistant Secretary Date: 12-29-2015

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| AR | Caroline Quigley | 20C Trolley Square | Wilmington, DE 19806 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: cquigley@incplan.net

(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: Caroline Quigley Date: 12/23/2015 Daytime Phone #: 302 428 1200

Typed or printed name of signing authorized representative/member: Caroline Quigley

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