PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
20 MAY 29 AM 2:5[illegible]

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DOCUMENT # L17000126253

1. Limited Liability Company's Name

PETROSOURCE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
742 S. Combee Road	742 S. Combee Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. State/Country of Formation: Florida, United States of America

5. Date Organized or Qualified To Do Business in Florida: 06/08/2017

6. FEI Number: 82-2800990 ☐ 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: Eduardo F. Morrell

Street Address (P.O. Box Number is Not Acceptable) Suite: 425 S. Florida Avenue

Apt. #, Etc: Suite 101

City: Lakeland State: FL Zip Code: 33801

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: [signature] Date: 5/14/2020

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
MGR	C. ANDY WIKE	742 S. Combee Road	Lakeland FL 33801
MBR	MARYANN TROIANO	742 S. Combee Road	Lakeland FL 33801

JUN 01 2020

11. E-mail Address: efm@mcintyrefirm.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: [signature] Date: 5/20/20 Daytime Phone #: 8638608937

Typed or printed name of signing authorized representative/member: Maryann Troiano