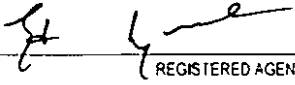
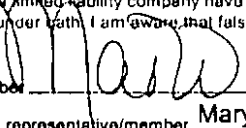


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

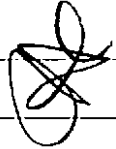
| LIMITED LIABILITY COMPANY REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| DOCUMENT # L17000126253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                 |                          |
| 1. Limited Liability Company's Name<br><b>PETROSOURCE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                                                                 |                          |
| 2. Principal Office Address - No P.O. Box #<br><b>742 S. Combee Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | 3. Mailing Office Address<br><b>742 S. Combee Road</b>                                                                                                          |                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | Suite, Apt. #, etc.                                                                                                                                             |                          |
| City & State<br><b>Lakeland, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | City & State<br><b>Lakeland, FL</b>                                                                                                                             |                          |
| Zip<br><b>33801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>USA</b>                       | Zip<br><b>33801</b>                                                                                                                                             | Country<br><b>USA</b>    |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
| Name<br><b>Eduardo F. Morrell</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                                                                                 |                          |
| Street Address (P.O. Box Number is Not Acceptable) Suite<br><b>425 S. Florida Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                 |                          |
| Apt. #, Etc<br><b>Suite 101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
| City<br><b>Lakeland</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | State<br><b>FL</b>                                                                                                                                              | Zip Code<br><b>33801</b> |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Date <b>5/14/2020</b>                                                                                                                                           |                          |
| 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        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                 |                          |
| 11. E-mail Address <b>efm@mcintyrefirm.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                                                                 |                          |
| (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Date <b>5/20/20</b> Daytime Phone # <b>8638608937</b>                                                                                                           |                          |
| Typed or printed name of signing authorized representative/member <b>Maryann Troiano</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                 |                          |

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| 4. State/Country of Formation<br><b>Florida, United States of America</b>                                            |                                                                                 |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>06/08/2017</b>                                        |                                                                                 |
| 6. FEI Number<br><b>82-2800990</b>                                                                                   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status |                                                                                 |

 JUN 01 2020