PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000

LIMITED LIABILITY COMPANY ~~REINSTATEMENT~~ LLBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 27 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006913

1. Limited Liability Company's Name
ACTION OIL 1, LLC

2. Principal Office Address	3. Mailing Office Address
760 RIDGEWOOD ROAD	760 RIDGEWOOD ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY BISCAYNE FL	City & State: KEY BISCAYNE FL
Zip: 33149 Country: MIAMI-DADE	Zip: 33149 Country: MIAMI-DADE

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 65-0955660 ☐ 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: GIULIO VERGANI

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*****55.00 *****5.00

Street Address (P.O. Box Number is Not Acceptable): 760 RIDGEWOOD RD

Suite, Apt. #, Etc.:

City: KEY BISCAYNE FL 3 State: FL Zip Code: 33149

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 11/1/00
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESS.	FRANCESCO VERGANI	725 GLENRIDGE RD.	KEY BISCAYNE FL 33149
VICE PRES.	GIULIO VERGANI	760 RIDGEWOOD RD.	KEY BISCAYNE FL 33149

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 11/1/00 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: