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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

PETROFUSE ZP, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000001981

1. Limited Liability Company's Name
PETROFUSE ZP, LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
4224 LOUIS AVE		4224 LOUIS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOLIDAY, FLORIDA		City & State: HOLIDAY, FLORIDA	
Zip: 34691	Country	Zip: 34691	Country

4. State/Country of Formation
SOUTH CAROLINA

5. Date Organized or Qualified To Do Business in Florida 4/4/2007

6. FEI Number
20-8704975
☐ Applied ☐ Not Ap

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee for a Certificate

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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] Madonna Cuddihy Special Assistant Secretary Date 12/31/08
REGISTERED AGENT

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
MGR	RAUL NECOECHEA	4224 LOUIS AVE	HOLIDAY, FLORDA 34690

REINSTATEMENT 08 [initials]

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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 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 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 12/31/08 Daytime Phone # 727-937-2103

Typed or printed name of signing Managing Member/Manager RAUL NECOECHEA

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