

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 20 AM 10:58

DOCUMENT # P 00000004025

1. Corporation Name L & D PETROLEUM

800029570928
03/01/04--01020--019 **900.00

REINSTATEMENT 03-04

2. Principal Office Address 12005 Evanshire Ct
3. Mailing Office Address 12005 Evanshire Ct

Suite, Apt. #, etc.

City & State Tampa FL

Zip 33626 Country Hillisborough

4. Date Incorporated or Qualified To Do Business in Florida Feb 2000

5. FEI Number 742941337 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name AHMED LAKHANI

Street Address (P.O. Box Number is Not Acceptable) 12005 Evanshire Ct

Suite, Apt. #, Etc. Tampa

City State Zip Code FL 33626

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 02/17/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	AHMED LAKHANI	12005 Evanshire Ct	Tampa FL 33626
Sec	AHMED LAKHANI	12005 Evanshire Ct	Tampa FL 33626
Tre	AHMED LAKHANI	12005 Evanshire Ct	Tampa FL 33626

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [Signature] Date 02/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2001 (01/04)