

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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FILED

06 NOV 16 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P00000004025
L & D Petroleum Inc.

2. Principal Office Address

12005 Evanshire Ct

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/13/2000

5. FEI Number

742941337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

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.

City

Tampa

State

FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11/16/06

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
<i>Pres</i>	<i>AHMED LAKHANI</i>	<i>12005 EVANSHIRE CT</i>	<i>Tampa FL 33626</i>
			<i>20081910562 11/17/06--01055--003 **308.75</i>
			<i>B 11/16 OS-06</i>

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/06 (813) 731-6788

Daytime Phone #

11/16/06

Stacy Ritz

Respected Sir

I am the President of
the L & D Petroleum Ave and I
didn't receive the mail for 2005
so I kindly request you to
Please waive the fees.

Yours Sincerely

Ahmed Alkhalaf

 Alkhalaf

11/16/06