

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 25 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000028480

1. Corporation Name

SAACHI PETROLEUM, INC.

2. Principal Office Address

3228 NW 22ND AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Zip

33309

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-20-2000

5. FEI Number

65-0991097

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

SHAHID N. CHOWDHURY

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

3228 NW 22ND AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State
FL

Zip Code

33309

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

Shahid N. Chowdhury

Date 10.11.02

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
PD	SHAHID N. CHOWDHURY	3228 NW 22ND AVE	FT. LAUDERDALE FL-33309
VD	MOHAMMAD N. RAHMAN	4376 SW 140TH AVE	DAVIE FL-33330
VD	LITON MIRZA	7830 NW 33rd ST. APT # 205	HOLLYWOOD FL-33024

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:

Shahid N. Chowdhury

SHAHID N. CHOWDHURY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/02

Date

954-438-0230

Daytime Phone #

CR2E081 (9/01)