

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR 24 AM 10:04

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054980

1. Corporation Name

Saba Petroleum, Inc.400102633544
05/16/07--01026--017 **758.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

605 Warren Road

3. Mailing Office Address

P.O. Box 1500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FLZip
33549Country
USAZip
33548Country
USA4. Date Incorporated or Qualified
To Do Business in Florida**06/06/2000**

5. FEI Number

59-3650663

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
Hussain Saba

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

605 Warren Road

Suite, Apt. #, Etc.

City
LUTZState
FLZip Code
33549☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**Hussain I. Saba**
REGISTERED AGENT MUST SIGN

Date

4/20/07

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
DP	Hussain Saba	P.O. Box 1500	Lutz, FL 33548
DVST	Sabiha Saba	P.O. Box 1500	Lutz, FL 33548

REINSTATEMENT

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 813.909.7317