

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 # P0000054980

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, FL

4. Date Incorporated or Qualified To Do Business in Florida
06/06/2000

5. FEI Number
59-3650663

Applied For
Not Applicable

Zip
33549

Country
USA

Zip
33548

Country
USA

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
LUTZ

State Zip Code
FL 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

B 4/27/07

03-07

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:

Hussain I. Saba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 813.900.7317