

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 24 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000112476**

**1. Corporation Name**

**TRICO VIII PETROLEUM, INC.**

**2. Principal Office Address**

**185 NW SPANISH RIVER BLVD**

**3. Mailing Office Address**

**185 NW SPANISH RIVER BLVD**

Suite, Apt. #, etc.

**290**

Suite, Apt. #, etc.

**290**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL.**

Zip

**33431**

Country

**U.S.A.**

Zip

**33431**

Country

**U.S.A.**

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

**12/07/2000**

**5. FEI Number**

**65-1067751**

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

**ALI M. JAFERI**

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

**185 NW SPANISH RIVER BLVD**

Suite, Apt. #, Etc.

**290**

City

**BOCA RATON**

State

**FL**

Zip Code

**33431**

**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

*Ali M. Jafari*

REGISTERED AGENT MUST SIGN

Date **10/16/2006**

**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	ALI M. JAFERI	185 NW SPANISH RIVER BLVD # 290	BOCA RATON, FL. 33431

**500081160266**  
**10/24/06--01049--002 \*\*\*450.00**

**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:**

*Ali M. Jafari*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/16/2006**

Date

**561-392-9450**

Daytime Phone #

2/2

**TRICO VIII PETROLEUM INC**

185 NW SPANISH RIVER BLVD # 290  
BOCA RATON, FL. 33431

**October 17, 2006**

**Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Fl. 32301**

**Ref.: Doc # P00000112476  
TRICO VIII PETROLEUM INC**

Dear Sir/Madam,

Enclosed please find Corporation Reinstatement form for the above corporation, As our address was change we did not received the Annual Report for 2004. Enclosed also find a pre-printed Corporation Reinstatement form. The one check in the amount of \$ 450.00 for all the three years of renewal fees from 2004 to 2006 is also enclosed.

As this is our first time being late kindly, please waive the penalty to reinstate my corporation.

I sincerely apologize for any inconvenience caused to you, and hope to reinstate this corporation as soon as possible.

Thank you,

Sincerely,



Ali M Jaferi  
President