

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 28 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012873

1. Corporation Name

OIL2GO, INC.

**REINSTATEMENT 02-07**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
12900 SW 128 ST.

3. Mailing Office Address  
12900 SW 128 ST.

Suite, Apt. #, etc.  
STE: 107

Suite, Apt. #, etc.  
STE: 107

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33186

Country

Zip  
33186

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2001

5. FEI Number

20-8716676

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  
MELVYN PACHECO MARCUCCI

Street Address (P.O. Box Number is Not Acceptable)  
12900 SW 128 ST.

Suite, Apt. #, Etc.  
STE: 107

City  
MIAMI

State  
FL

Zip Code  
33186

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

*Melvyn Pacheco Marcucci*  
REGISTERED AGENT MUST SIGN

Date

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
P/D	MELVYN PACHECO MARCUCCI	12900 SW 128 ST., STE 107	MIAMI, FL 33186

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:

*Melvyn Pacheco Marcucci*  
MELVYN PACHECO MARCUCCI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100095914121  
04/05/07--01053--001 \*\*900.00