2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000034833

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33613

PATEL, SANDIP I

TAMPA, FL 33614

() Delete

3105 W. WATERS AVE., STE 315

FILED Oct 23, 2004 Secretary of State

Entity Name: LAND O'LAKES OIL & GAS, INC.					
Current Pr	incipal Pla	ce of Business:	New Principal Place o	of Business:	
4109 LAND LAND O LA					
Current Ma	ailing Addr	ress:	New Mailing Address	New Mailing Address:	
4109 LAND O' LAKES BLVD LAND O LAKES, FL 34639			2701 NORTH ROCKY 525 TAMPA, FL 33607		
FEI Number:	59-3713008	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PATEL, SANDIP I ESQ 3105 W. WATERS AVE. STE 315 TAMPA, FL 33614 US			525	2701 NORTH ROCKY POINT DRIVE	
The above in the State		ry submits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SCOTT D. STAMATAKIS Electronic Signature of Registered Agent				10/23/2004	
			nt	Date	
		193(2)(b), F.S., the corporation did not	receive the prior notice.		
OFFICERS		• , ,	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JAKHOTIA, E	TERS AVE., STE 315	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PATEL, SAN	TERS AVE., STE 315	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	JAKHOTIA, F	() Delete RAMCHANDRA DING CREEK DR.	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEEPAK JAKHOTIA VP 10/23/2004

() Change () Addition