

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB -2 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000101091

1. Corporation Name  
NRG PETROLEUM, INC

**REINSTATEMENT 04-05**

2. Principal Office Address  
15824 S.W., 10TH STREET

3. Mailing Office Address  
15824 S.W., 10TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PEMBROKE PINES, FLORIDA

City & State  
PEMBROKE PINES, FLORIDA

Zip Country  
33028 U.S.A.

Zip Country  
33028 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida 10/18/2001

5. FEI Number  
65-1145798

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  
AAMIR ALI

Street Address (P.O. Box Number is Not Acceptable)  
15824 S.W., 10TH STREET

Suite, Apt. #, Etc.

City  
PEMBROKE PINES

State Zip Code  
FL 33028

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

*[Signature]*

Date 01/07/2005

REGISTERED AGENT MUST SIGN

**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	AAMIR ALI	15824 S.W., 10TH STREET	PEMBROKE PINES, FL. 33028
			SP

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 under section 119.07(3)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AAMIR ALI

01/07/2005

Date

954-646-7144

Daytime Phone #

CR2E081 (01/05)