

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

DOCUMENT # P01000104268

1. Corporation Name

JTS PETROLEUM INC

REINSTATEMENT

02-04
MPD

2. Principal Office Address

5807 N US I

Suite, Apt. #, etc.

City & State

COCOA, FL

Zip

32927

Country

Brevard

3. Mailing Office Address

5807 N US HWY 1

Suite, Apt. #, etc.

City & State

COCOA, FL

Zip

32927

Country

Brevard

900029841609

03/04/04--01007--007 **300.00

8/4/03 6/094 007 *150.00

4. Date Incorporated or Qualified
To Do Business in Florida

Oct-29-2001

5. FEI Number

651151033

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

JUPPEN THOMAS

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

5807 N US 1

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32927

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]

REGISTERED AGENT MUST SIGN

Date 2/15/04

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
PRESIDENT	LUKE THOMAS	1241 OLDE BAILEY LN	W-MELBOURNE, FL 32904
VICE PRESIDENT	Juppen Thomas	318 Cobblewood Dr	Rockledge, FL, 32955

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)(i), 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

2/15/04 321-633-7500
Date Daytime Phone #

CR2E081 (10/02)