


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000084808 1. Entity Name KSJ OIL, INC.	
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FILED


04 NOV 19 11:09 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1745 VILLAGE PKWY. GULF BREEZE, FL 32563	Mailing Address 1745 VILLAGE PKWY. GULF BREEZE, FL 32563
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2. Principal Place of Business 7955 N. DAVIS HWY Suite, Apt. #, etc.	3. Mailing Address 7955 N. DAVIS HWY Suite, Apt. #, etc.
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City & State PENSACOLA FL 32514	City & State PENSACOLA FL 32514	Zip 32514	Country U.S.A.
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10152004	REIN-P	CR2E098 (6/04)
4. FEI Number 26-0070576	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARBASSI, JAVAD 1745 VILLAGE PKWY. GULF BREEZE, FL 32563	17. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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PLEASE CHANGE TO:
7955 N. DAVIS HWY
PENSACOLA FL, 32514
(850) 477-8453

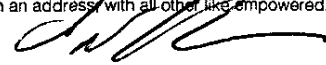
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARBASSI, JAVAD 1745 VILLAGE PKWY. GULF BREEZE, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 20004290480 11/19/04--01054--016 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIDFAR, MOHAMMAD 1745 VILLAGE PKWY. GULF BREEZE, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **NOV 4/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #