

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000089789

1. Entity Name
OM. PETROLEUM INC.



Principal Place of Business
9265 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address
9265 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

FILED
04 OCT 28 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address
12301 US HWIGHWAY 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DADE CITY, FL

City & State

City & State

Zip

Country

Zip

Country

33525

10252004 REIN-P CR2E098 (6/04)

4. FEI Number
05-0582003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANT, DOLLY
9265 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

Name
KANT DOLLY

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

12310 US HIGH WAY 301

City

DADE CITY

FL

Zip Code
33525

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/25/04

DATE

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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KANT, DOLLY
STREET ADDRESS 9265 NORTH DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE P ☐ Change ☐ Addition
NAME KANT DOLLY
STREET ADDRESS 12310 US HIGHWAY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE V ☐ Delete
NAME KANT, RAJNEESH
STREET ADDRESS 9265 NORTH DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE VS ☐ Change ☐ Addition
NAME KANT RAJNEESH
STREET ADDRESS 12310 US HWIGH WAY 301
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400042282074
CITY-ST-ZIP 10/28/04--01034--026 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04

Date

Daytime Phone #