

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 26 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000118964

1. Corporation Name

NOKOMIS PETROLEUM INC

2. Principal Office Address - No P.O. Box #
2240 NORTH TAMIAMI TRAIL

3. Mailing Office Address
2240 NORTH TAMIAMI TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NOKOMIS, FLORIDA

City & State
NOKOMIS, FLORIDA

Zip Country
34275 U.S.A.

Zip Country
34275 U.S.A.

900157840039
06/26/09--01002--018 **450.00
REINSTATEMENT (CR2008) 12/08 *27-29*
4. Date Incorporated or Qualified To Do Business in Florida 10/23/2003
5. FEI Number 20-0332039 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
MUHAMMAD PERVAIZ

Street Address (P.O. Box Number is Not Acceptable)
2240 NORTH TAMIAMI TRAIL

Suite, Apt. #, Etc.

City
NOKOMIS

State Zip Code
FL 34275

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Muhammad Pervaiz

Date 05/14/2009

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
PD	MUHAMMAD PERVAIZ	2240 NORTH TAMIAMI TRAIL	NOKOMIS, FL 34275
VPD	RAHEELA PERVAIZ	2240 NORTH TAMIAMI TRAIL	NOKOMIS, FL 34275

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 contained in Chapter 119, 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:

Muhammad Pervaiz

MUHAMMAD PERVAIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/2009

Date

941-284-8994

Daytime Phone #