

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

07 DEC 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-07

200113083742
12/12/07--01048--009 **1200.00

CR2E081 (1/07)

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000001978

1. Corporation Name

LIONHEART PETROLEUM, INC.

2. Principal Office Address - No P.O. Box #
12822 US HWY 98

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEBRING, FLORIDA

City & State

Zip
33876

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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
MICHAEL MEROLLE

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

Suite, Apt. #, Etc.
12822 US HWY 98

City
SEBRING

State
FL

Zip Code
33876

☐ 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

Michael A. Merolle
REGISTERED AGENT MUST SIGN

Date 12/10/07

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	MICHAEL MEROLLE	12822 US HWY 98	SEBRING, FLORIDA. 33876

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:

Michael A. Merolle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/07

Date

954.805.5630

Daytime Phone #