

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13831

1. Corporation Name

PETRO SOURCE CORPORATION OF UTAH

Principal Place of Business

9801 WESTHEIMER, SUITE 900
HOUSTON TX 77042

Mailing Address

9801 WESTHEIMER, SUITE 900
HOUSTON TX 77042

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1987

5. FEI Number

87-0399943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PRES	MCCOLLUM, A. HOWARD	9801 WESTHEIMER #900	HOUSTON TX
D	CODY, HARVEY H.	9801 WESTHEIMER #900	HOUSTON TX
VPD	BURKE, JAMES J	8790 W COLFAX, #230	GOLDEN CO
VP	TOWNSEND, WILLIAM L	136 E SOUTH TEMPLE, #800	SALT LAKE CITY UT
AS	RICH, MICHAEL S	9801 WESTHEIMER, STE 900	HOUSTON TX 77042

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

VICTOR ALFANO
VICTOR ALFANO
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

3/27/00

11. 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:

VICTOR ALFANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00 713-972-2000