## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Socretary of State DVSIGN OF COMPORATIONS  19 MAY -9 PM 4: 31  DOCUMENT #		
1. Cerporation Name  2. Find Jas Once Address: No. P.O. 3 et 4  3. Major Office Address  Suite, Apr. P. etc.  4. Date Inconcurred of Charlette of Name Address of Current Registered Agent  Chy & Suite	REINSTATEMENT Secretary of State  DIVISION OF CORPORATIONS	SECHLIARY OF STATE AVISION OF CORPORATIONS
Suring, Apt. 8, etc.  South, Apt. 8, etc.  City 3 State  Convit Country  Co	3. Corporauon Name  HY FOLLY O PETRO  INC.	\$UUSZSEZ8475 05/16/1901020028 **/50.00
Country S 27 HCZ Country S 27 HCZ Country S 5. Fel Number   Not Applicable   Not Applicable	SLITE, Apt. #, etc. Suite, Apt. 7, etc.	4. Data Incorporated as Osipilified
7. Name and Address of Current Registered Agent  Name  Mendan Market State  Sta	Lintain, FL CANTANA, FC	
Sured Address (P.O. Sex Number is Nex Agreedable)  REGISTERED AGENT MUST SIGN  Date ————————————————————————————————————	33462 Country 13 32462 Cauntry 48	6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional For required for a Certificate of Status
Sured Address (P.O. Sex Number is Nex Agreedable)  REGISTERED AGENT MUST SIGN  Date ————————————————————————————————————	7. Name and Address of Current Registered Agent	
Surial April 2009  State 2009  State 2009  FL 32009  8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607,0505 or 617,0503 F.S.  Signature of Si		
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent MUST SIGN  9. Names and Sheet Accresses of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  Titled Officers and/or Directors Officer and/or Director (Flonda comprisions must list at least 3 directors)  PDT Manager of Directors Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Each Officer and/or Director (Flonda comprisions must list at least 3 directors)  In the Address of Eac	Street Address (P.O. Box Number is Not Acceptable)	
8. I, being appointed the registered agent of the above named comporation and familiar with and accept the obligations of section 697.0505 or 617.0503, F.S.  Signature of Registered Agent:  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Baach Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors)  Trides Officers and/or Directors Officer and/or Officer and/or Directors Officer and/or Officer	Suite, Apt. #, Etc.	1
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN  9. Nomes and Street Addresses of Each Officer and/or Director (Flonda conprofit corporations must list at least 3 cirectors)  Name of Officers and/or Directors  Name of Officers and/or Directors  Officer and/or Directo	City Cosal St. Driggs State Zip Code FL 37071	
Titles Name of Officers and/or Directors  Street Address of Each Officers and/or Directors  PDT Manimal Mulicial 1995   N. i.) Set Cool Set 1995   VA NO	Signature of Registered Agent Date 5-7-2019	
Titles Name of Officers and/or Directors  Street Address of Each Officers and/or Directors  PDT Manimal Mulicial 1995   N. i.) Set Cool Set 1995   VA NO	Q. Names and Street Aggresses of Each Officer and/or Director /Florida concretit compositions must list at le	east 3 directors)
10. E-mail Address:  (To be used for future annual report normalistic)  11. Lentify that I am an officer or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry inst when fing this reinstratement application, the reason for cissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees one by the corporation have been paid, I further centry, the information indigrated on this application is the and account and my signature shall have the same legal effect as it made under path. I am aware that false information suppriting in a document to the Digographen of State constructes a find degree felory as provided for inc. 817:55, F.S. Total SIGNATURE:	Talon Name c: Street Address of Eac	h City / State / Zin
10. E-mail Address:    I	POT MohammacMilier 18951 NW	ZARCI Cozal Sonago
(To be used for future annual report notification)  11. I pertify 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 lens telesteemant application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accountate, and my signature shall have the same legal effect as it made under path. I am aware that false information suppritteen a document to the Department of State constitutes a third degree fellony as provided for in 6.817.155. F.S.  SIGNATURE:	VP MANUSUMABI 8903 Danis	2 Dr Jolin John Green
(To be used for future annual report notification)  11. I pertify 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 lens telesteemant application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accountate, and my signature shall have the same legal effect as it made under path. I am aware that false information suppritteen a document to the Department of State constitutes a third degree fellony as provided for in 6.817.155. F.S.  SIGNATURE:	SeeMDS BLAM 1113 2007;	41 FL-33407
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13. I ben'ify that I am an efficer 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 fing this reinstallement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under path. I am aware that false information sugmittee in a document to the Department of State constitutes a four degree felory as provided for in s.817.155, E.S., 200. SIGNATURE:		D) 12100, Co Co
reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all reasonwed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. I am aware that false information sugmitteen a document to the Department of State constitutes a third degree fellory as proyect for it is 8.817.155. F.S.  SIGNATURE:	Leart for that I am an officer as director or the receiver or touries amonwheed to execute this application as	a provided for in chapter 607 or 617, F.S. I further cereity that when filing this
SIGNATURE: 11/1/08/05/5-7-(9 (304)/90-7/70	reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the	requirements of section 607,0401 or 617,0401, F.S., and mar all rees is and accurate, and my signature shall have the same legal effect 8\$
AND ALLES AND THE AND THE PROPERTY OF THE PROP		TOR Date Davime Phone 2

January 5, 2019

MOHAMMAD MALICK 10951 NW 3RD CT CORAL SPRINGS, FL 33071

SUBJECT: HYPOLUXO PETRO INC

Ref. Number: P18000026083

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

In the original articles that was filed in our office your address was listed as 10951 NW 3rd St instead of Court. What you will need to do is file a reinstatement and pay \$750.00. This fee includes the 2019 annual fee. So please complete the attached form and return it to my attention.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 419A00000285

RECEIVED