## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## , APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000016111
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1. Corporation Name

ALLSTAR PETROLEUM, INC.

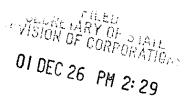
Principal Place of Business

Mailing Address

6946 SKYLINE OR DELRAY BCH, FL 33446

SIGNATURE:

6946 SKYLINE DR DELRAY BCH. FL 33446



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if above a	addresses are	incorrect in any way, line to	nrough incorrect	information a	and enter correction below	REM	STATEMEN	11704-07	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					4. Date Incorporated or Qualified				
Suite, Apt.#, etc Suite, Apt.#,			# ata			ness in Florida 03	3/03/1993		
Suite, Apt. #, etc Suite, Apt			#, etc		5. FEI Numbe		Applied For		
City & State City &		City & State	City & State		65-0327066 Not Applicable				
Zip		Country	Zip		Country	6. CERTIFICAT		75-Additional Fee required = or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (FI	orida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
PD	JOHNSON	, DAVID G			YLINE DR	DELRAY BCH. FL 33446		3	
ST	T JOHNSON, CLARICE			6946 SK	YLINE DR.		DELRAY BCH. FL		
						40	0004765 -01/10/020 ***1050.00	0748 1060004 ***1050.00	
						DIV			
	8. Nam	e and Address of Curren	Registered Ag	ent		9. Name and A	Address of New Registered	Agent	
JOHNSON, RAE L 2175 STATE ROAD 84			Street Address (F	Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
FT. LAUDERDALE FL 33312			City	City State Zip Code					
10. I, being Signature of Registered	f	The Sta	egistered Ac		amiliar with and accept the old in the cold in the col	bligations of Secti	on 607.0505, F.S. Date 12/03/0	/	
11. I certify	that I am an of	ficer or director or the rece lication, the reason for diss	iver or trustee er	προwered to	execute this application as p	rovided for in cha	pter 607 or 617/F.S. I further	certify that when filing	

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

MAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

David G. Johnson