PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 23 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019193

1. Corporation Name
MOHAMMED OIL INCORPORATED

100013033521
04/22/03--01072--032 **500.00
REINSTATEMENT 02-03
100013033521
02/24/03--01060--020 **300.00

2. Principal Office Address	3. Mailing Office Address
4999 N. STATE RD#7	4999 N. STATE RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33319 Country: U.S.A	Zip: 33319 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 03-07-1994

5. FEI Number: 65-0465386 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MOHAMMED SHAIFUR RAHMAN PATWARY.
Street Address (P.O. Box Number is Not Acceptable): 4999 N. STATE ROAD #7.
Suite, Apt. #, Etc.:
City: TAMARAC State: FL Zip Code: 33319-

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: M. Mohmed S Patwary. Date: 6-17-03
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	PATWARY, MOHAMMED S	5456, N.W 120TH AVE	CORAL SPRINGS, FL-33076
STD	PATWARY, MOHAMMED SA	18690, SHAUNA MANOR DR BOCA RATON, FL-33496	BOCA RATON FL-33496

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 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: Mohmed S Patwary 6-20-3 954-796-3535
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/23