

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -6 PM 2:08

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000054154

1. Corporation Name

Western Oil Corporation

2. Principal Office Address

1118 Placetas Avenue

3. Mailing Office Address

1118 Placetas Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, Florida

Coral Gables, Florida

Zip

Country

Zip

Country

33146

United States

33146

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 21, 1994

5. FEI Number

65-0506050

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

Arrizurieta, Jorge L.

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

1118 Placetas Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date January 31, 2002

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 |
|--------|--------------------------------------|---|---------------------------------|
| D/O | Arrizurieta, Jorge L. | 1118 Placetas Avenue | Coral Gables, Florida, 33146 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2002 (954) 627-5013

Date

Daytime Phone #

CR2E081 (9/01)

REINSTATEMENT

01-02

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****900.00 ****900.00

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