PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-05

T. Roberts AUG 17 2005

DOCUMENT # P94000054154

1. Corporation Name

WESTERN OIL CORPORATION

2. Principal Office Address	3. Mailing Office Address
6075 Sunset Drive	SAME
Suite, Apt. #, etc.: 5th Floor	Suite, Apt. #, etc.:
City & State: South Miami, FL	City & State:
Zip: 33143 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/21/1994

5. FEI Number: 650506050 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certified Copy

7. Name and Address of Current Registered Agent

Name: Allan S. Reiss, Esquire

Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue

Suite, Apt. #, Etc.: Seventh Floor

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0502 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 8/15/05

REGISTERED AGENT MUST SIGN

CR2E061 (01/06)

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
P	Jorge Arrizurieta	6075 Sunset Drive, 5th	Flr., South Miami,FL 33143

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: _____ 8/15/05 (305)666-4954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305)372-1350
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CORPORATION REINSTATEMENT

WESTERN OIL CORPORATION

Certificate of Status	0
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