PLEASE RÉAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 04 JAN 30 AH 11: 40 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT# P9500000 35072 Denis Oil Corporation of Florida REINSTATEMENT 96-04 2. Principal Office Address 3. Mailing Office Address **900027117389** 01/16/04--01065--011 **1807.50 17250 S. Dixce Hyw. 17250 S. Dixie Hyw. 4. Date Incorporated or Qualified - To Do Business in Florida 03 29 95 City & State City & State 5. FEI Number_ Applied For Miam. Florida Miami Florida 65-056814 Not Applicable Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 33154 33157 Hiami - Dade MIAM-Dade 7. Name and Address of Current Registered Agent Denis Muller 900027117389 01/30/04--01027--006 ***151 25 Street Address (P.O. Box Number is Not Acceptable) 17250 S. Dixie Suite, Apt. #, Etc. Zip Code State Miami F2 1EE 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 1/7/04 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PSD Denis Muller Miami, FL 33157 17250 S. Dixie Highway 17250.S. Dixie Highway -- Mikmig-EL_33157 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 filling 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 254-4155