PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR 20 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P950000 40956

Corporation Name

Estevez Oil Corporation

3/1/01 90555 001

2. Principal Office Address	3. Mailing Office Address
4970 SW 72 Avenue	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
101	
City & State	City & State
Miami, FL	
Country / Zip	Country / Zip
33155 USA	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0582192 — 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: Estevez, Anthony J.

700003911767--9
03/27/01 01046 001
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 4970 SW 72 Avenue #101

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33155

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: [signature] — REGISTERED AGENT MUST SIGN — Date: 3-19-01

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	Estevez, Anthony J.	4970 SW 72 Ave, #101	Miami FL 33155

REINSTATEMENT 2000-01

[signature]

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 — Date

(305) 740-0141 — Daytime Phone #