PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FOR FOR Secretary of State	· · · · · · · · · · · · · · · · · · ·
REINSTATEMENT DIVISION OF CORPORATIONS	98 00T + 2 /// 7: 5 9
TOUMENT # P95000 58354	
TOP PETROLEUM EQUIPMENT, INC.	9000000000000 37A C 7ACARO, 18, 200 RI OA
WARDONDONDO	
Principal Place of Business Mailing Address	
CAILE 11 EDIF STEFANUTTI ZOO PISO LA VACUAZA SAME	
CARAGAS, VENEZUELA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable	A Date transported to Ovellend
URO STA MONICA 7421 NW 545T Suite, Apt. #, e.g.,	4. Date Incorporated or Qualified To Do Business in Florida 7/28/95
Calle Gil FORTOUL City & State City & State	5. FEI Number Applied For Not Applicable
CARRACAS Ve MIA El 33122 Zip Country Zip Country	6. \$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/or Director (Floriga nonprofit corporations must list at lea-	and definition of characteristics
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director	City / State / Zip
	P3 234C
D MARQUET FERNANDO AV PAGT RES.T/PARAISO CARACAS, VEN	
D De VILLA GONZALO MONTALBANIII PIEC CARACAS, VEN	
2000265 0 9626 -10/09/98- -0 1091016	
Λ, Λ ***1050.00 ***1050.00	
REINSTATEMENT 46-98 AS	
40 10°	
Name and Address of Current Registered Agent	Name and Address of New Registered Agent
CT CORPORATION SYSTEM Name H.M.B.C. (NC Street Address (P. 9. Box Number is Not Acceptable)	
1200 S. PINE 154 NO RD 9211 KENDALE BIU	
PLANTATION , F1 333ZK Suite Apt. #, Etc.	#1
10. It, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-	State Zip Code 33/76
Signature of Registered Agent Date 9/21/98_	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)	
12. 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 Dato Dayling Phone #	