

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY -6 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042200

1. Corporation Name

BENGAL PETROLEUM, INC.

300005555833--9

-05/17/02--01001--008

\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

900 22nd Ave So

Suite, Apt. #, etc.

3. Mailing Office Address

900 22nd Ave So

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

Country

33705

US

City & State

St. Petersburg

Zip

Country

FL

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1996

5. FEI Number

65-0675825

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

MENDI H. BABUL

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

900 22nd Ave So

Suite, Apt. #, Etc.

City

St. Petersburg FL

State  
FL

Zip Code  
33705

TS

REINSTATEMENT

01-02

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/30/02

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
Pres	MANZURUL ISLAM	12693 TORBAY DR. BOCA RATON, FL 33428	BOCA RATON, FL 33428
VP	MENDI H. BABUL	12693 TORBAY DR	BOCA RATON, FL 33428
VP	SHAHIN M. ALI	12693 TORBAY DR	BOCA RATON, FL 33428

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

Date

4/30/02

Daytime Phone #

CR2E081 (8/01)