PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 DEC -8 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

000003524480--5
-01/05/01--01020--008
****750.00 ****750.00

DOCUMENT # P96000094424 (4).

1. Corporation Name
HIGHLAND PETROLEUM, INC.

2. Principal Office Address	3. Mailing Office Address
4441-43 SW 75 Avenue	4441-43 SW 75 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: FL / Country: 33155	Zip: FL / Country: 33155

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/96

5. FEI Number: 65-0710589 ☐ 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: BRUCE FLAMM C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 9400 S. DADELAND BLVD.

Suite, Apt. #, Etc.: SUITE 710

City: MIAMI State: FL Zip Code: 33156

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: Bruce Flamm — REGISTERED AGENT MUST SIGN — Date: Nov 28, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	CARLOS ZUMARRAGA	4441 SW 75 Avenue	MIAMI, FL 33155
VSD	JOHN C. CESARANO	1127 ANDORA Avenue	MIAMI, FL 33146

REINSTATEMENT 7050

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: Carlos Zumarraga — CARLOS ZUMARRAGA — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #