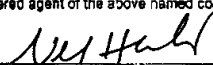
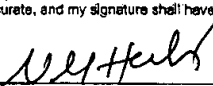


CAPITAL CONNECTION

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Pelican Petro, Inc.			
2. Principal Office Address 425 S. Carpenter Rd.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Titusville, FL		City & State Same	
Zip 32796	Country Brevard	Zip Same	Country Same
4. Date Incorporated or Qualified To Do Business in Florida 02/26/97		5. FEI Number 593431678	
6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Nitin M. Hate'			
Street Address (P.O. Box Number is Not Acceptable) 425 S. Carpenter Road			
Suite, Apt. #, Etc.			
City Titusville		State FL	Zip Code 32796
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  Nitin Hate'		Date 11/15/01	
REGISTERED AGENT MUST SIGN			
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
VP	Kantilal Bhalani	3875 Pinetop Blvd.	Titusville, FL 32797
Pres.	Nitin Hate'	425 S. Carpenter Road	Titusville, FL 32796
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)(f), 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:  Nitin Hate'		Date 11/15/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE
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