

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 17 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058369

1. Corporation Name
Petrogroup Realty Advisors, Inc.

2. Principal Office Address - No P.O. Box #
1200 Anastasia Ave

3. Mailing Office Address
1200 Anastasia Ave

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip Country
33134 U.S.A.

Zip Country
33134 USA

REINSTATEMENT 02-07

4. Date Incorporated or Qualified To Do Business in Florida
7-3-1997

5. FEI Number
65-0767751

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
JOSEPH L. PETROLE

Street Address (P.O. Box Number is Not Acceptable)
1200 Anastasia Avenue

Suite, Apt. #, Etc.
Suite 300

City
Coral Gables

State Zip Code
FL *33134*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Joseph L. Petrole
REGISTERED AGENT MUST SIGN

Date
8-14-07

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
<i>PRES</i>	<i>JOSEPH L. PETROLE</i>	<i>1200 Anastasia Ave, #300</i>	<i>Coral Gables, Fl. 33134</i>

SD0108236855
08/17/07--01025--012 **900.00
SD0108236855
08/17/07--01025--013 **8.75

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 contained in Chapter 119, 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: *Joseph L. Petrole* JOSEPH L. PETROLE 8-14-07 305-447-4993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #