

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000067185**

1. Corporation Name

ADVENTURE PETROLEUM, INC.

2. Principal Office Address - No P.O. Box #

4999 NW 9th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4999 NW 9th Avenue

Suite, Apt. #, etc.

City & State

FT Lauderdale, FL

City & State

FT Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

REINSTATEMENT 98-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida **8/1/1997**

5. FEI Number
65-0765765

☐ 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

KAZI IQBAL

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

4999 NW 9th AVENUE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33309

900183902049
08/02/10--01051--022 **2558.75

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

REGISTERED AGENT MUST SIGN

Date

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	KAZI IQBAL	1008 NW 130 Terrace	SUNRISE FL 33323

10. E-mail Address: **Kazii@aol.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

KAZI IQBAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/29/2010

Daytime Phone #

8/30