

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT

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

DOCUMENT # P97000077787

1. Corporation Name
ACOSTA PETROLEUM COMPANY, INC.

2. Principal Office Address 1010 EAST 49 TH ST. Date, Apt. #, etc.		3. Mailing Office Address 1010 EAST 49 TH ST. Date, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33013	Country USA	Zip 33013	Country USA

REINSTATEMENT 00-01

4. Date Incorporation or Qualified To Do Business in Florida 9/9/97

5. FEI Number 75-0782813

6. APPLICABLE FOR: Not Applicable

7. CERTIFICATE OF STATE'S DEBTED

8. Name and Address of Current Registered Agent

NAME: DON GONZALEZ, ESQ.
 Street Address (P.O. Box Number is Not Accepted): 9050 YULES BLVD.
 Date, Apt. #, etc.: 250-E
 City / State / Zip: Pensacola / FL / 33024

9. I, being authorized the registered agent of the above named corporation, on behalf and against the corporation of section 607.0605 or 617.0305, F.S.

Signature of Registered Agent: *[Signature]* DATE: 1/15/01
 REGISTERED AGENT MUST SIGN

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

Title	Name of Officer or Director	Street Address of Each Officer or Director	City / State / Zip
PD	FRANK A. GOMEZ	11676 N.W. 15 TH ST.	Pensacola, FL 33022
SD	JOSE L. FRIAS	17962 N.W. 9 TH CT.	Pensacola, FL 33022

11. I certify that I am an officer or director of the corporation or have authorized to prepare this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for delinquency has been corrected, the corporation name satisfies the requirements of section 607.0601 or 617.0301, F.S., that all fees owed by the corporation have been paid and the change of information from this form do not qualify for an exception under section 618.07(3)(c), F.S. The information provided on this application is true and accurate, and the signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* DATE: 1/15/01 (2002) 687-4357

AD

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ACOSTA PETROLEUM COMPANY, INC.

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