

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -8 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095525

1. Corporation Name

SUPER POWER PETROLEUM, INC.

600041816026
10/12/04--01038--009 **900.00

2. Principal Office Address

1629 SR 40

3. Mailing Office Address

1629 SR 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

Zip

32174

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3541525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

DESAI, JIGNA

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

5 FISHERMAN CIRCLE #8

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

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

J. Desai

Date 10/07/2004

REGISTERED AGENT MUST SIGN

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
PD	PATEL, JAYESH	5 FISHERMAN LANDING APT #8	ORMOND BEACH, FL 32174
VD	PATEL, LEENA	1117 HANOVER ST	PISCATA WAY, NJ 08854
TD	PATEL, BHUPENDRA	1117 HANOVER ST	PISCATA WAY, NJ 08854
SD	DESAI, JIGNA	5 FISHERMAN LANDING APT #8	ORMOND BEACH, FL 32174

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:

J. Desai

10/07/2004

386-615-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)