
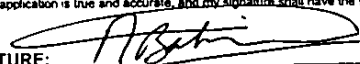


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000012039			
1. Corporation Name L.A. Petroleum Company			
2. Principal Office Address 6100 Kennerly Road <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 6100 Kennerly Road <small>Suite, Apt. #, etc.</small>	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32216	Country USA	Zip 32216	Country USA
4. Date Incorporated or Qualified To Do Business in Florida February 2, 1999		5. FEEL Number 59-3555223 <small>Applied For Not Applicable</small>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name LePrell, Samuel L. LePrell			
Street Address (P.O. Box Number is Not Applicable) 1930 San Marco Boulevard			
Suite, Apt. #, Etc. Suite 201, St. Mark's Place			
City Jacksonville		State FL	Zip 32207
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 SEE ATTACHED		Date July 31, 2006	
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
PTD	Bahri, Fady	6100 Kennerly Road	Jacksonville, FL 32216
VPSD	Bahri, Andre	6100 Kennerly Road	Jacksonville, FL 32216
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: 		Andre Bahri, Vice President 7/31/06 (904) 349-8679	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

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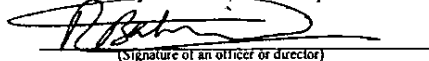
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L.A. Petroleum Company
2. The principal office address: 6100 Kennerly Road, Jacksonville, Florida 32216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/2/1999 Document number: P99000012039
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Akel, Edward C.
1 Independent Drive, Suite 2301
Jacksonville, Florida 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LePrell, Samuel L.
1930 San Marco Boulevard, Suite 201
(P.O. Box NOT acceptable)
Jacksonville, Florida 32207

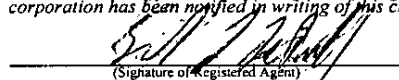
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Andre Bahri, Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

July 31, 2006
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)