PLEASE READ ALL INSTRUCTIONS BEFORE [illegible]

CORPORATION REINSTATEMENT

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

FILED
01 MAY 11 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069685

REINSTATEMENT 01

1. Corporation Name
Tri-State Petroleum, Corp.

2. Principal Office Address	3. Mailing Office Address
12955 Biscayne Boulevard	Same as #2
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: " "
City & State: North Miami, Florida	City & State: " "
Zip: 33181 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/30/1999 SP

5. FEI Number: ☐ 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: Mark L. Pomeranz

Street Address (P.O. Box Number is Not Acceptable): 12955 Biscayne Boulevard, Suite 202

Suite, Apt. #, Etc.:

City: North Miami, State: FL Zip Code: 33181

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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: Mark L. Pomeranz by Atty Dept
REGISTERED AGENT MUST SIGN

Date: 3/27/01

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
D	Arthur Percy	12955 Biscayne Boulevard, #202, North Miami, FL	33181

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/27/01

(305) 891-5858
Daytime Phone #