

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999000074116

1. Corporation Name

PETROMAX PETROLEUM, INC

AR

2. Principal Office Address

3503 KILMER DR

Suite, Apt. #, etc.

3. Mailing Office Address

3503 KILMER DR

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33567

Country

USA

City & State

PLANT CITY, FL

Zip

33567

Country

USA

4. Date Incorporated or Qualified

02/09/04--01006--022 **1200.00

REINSTATEMENT 01-04

To Do Business in Florida. 08/13/99

5. FEI Number

593592958

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

MOHAMED SULTAN PAL

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

3503 KILMER DR

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33567

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

MS Pal

REGISTERED AGENT MUST SIGN

Date

2/4/04

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
P	PHILIP P. BAILIE	6520 MANILA PALM WAY	APOLLO BEACH / FL / 32572
S	MOHAMED SULTAN PAL	3503 KILMER DR	PLANT CITY / FL / 33567

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:

PPB PHILIP P. BAILIE

Date

2/4/04

Daytime Phone #

813-787-1775

CR2003 (10/02)