

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -6 PM 4:15

DOCUMENT # *P99000086087*

1. Corporation Name

*Alliance Petroleum Inc.
4623 Forest Hill Blvd #109-2
W. P. B, FL 33415*

500011902765
02/06/03--01024--008 **300.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

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

Mohammed Emran

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

4623 Forest Hill Blvd, A/cit 109-2

Suite, Apt. #, Etc.

109-2

City

W. P. B

State
FL

Zip Code

33415

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

X Mohammed Emran

REGISTERED AGENT MUST SIGN

Date *1/30/03*

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

<i>PR.</i>	<i>Mohammed EMRAN</i>	<i>4623 Forest Hill Blvd Suite #109-2</i>	<i>W. P. B, FL 33415</i>

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:

X Mohammed Emran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03
Date

561-649-7742
Daytime Phone #

CR2E081 (9/01)

A & K BOOKKEEPING & TAX CONSULTANTS

Syed H. Sharfi, M.B.A., B.B.A.
Accounting & Tax, Fla Atlantic University
Asif S. Sharfi, CPA
Office & fax (561) 640-4010
Residence (561) 697-3086

January 301st 2003

Secretary of State
Tallahassee, FL

Dear Sir or Madam:

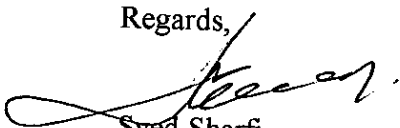
Please find enclosed Applicaion of Reinstament of Alliance Petroleum Inc.
We had changed our address and had notified the Post Office , but something gone wrong
and we could not get the UBR in original. ~~Your good office can also see our old~~
address which should be changed, please.

We are extremely thankful for you sympathetic consideration in this matter.
Please process these requests and send the Certificates of Reistatement

to the office of the undersigned.

Thank you.

Regards,



Syed Sharfi
Ak Bookkeeping & Tax Consultant.
4623 Forest Hill Blvd. , Suit 109-2.
W.P.B., Fla 33415