

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Sandra B. Williams  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 12:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 546843

1. Corporation Name Petrolea Oil Corp.

Principal Place of Business Mailing Address

9400 South Dadeland Blvd.  
PH-3  
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/22/91

5. FEI Number 65-0257496 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Jose M. Arellano	9400 So. Dadeland Blvd.	Miami FL 33156
V/D	Virgilio Guma	9400 So. Dadeland Blvd.	Miami FL 33156

300003469123-5  
 -11/17/00--01084--006  
 \*\*\*\*615.00 \*\*\*\*615.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name David S. Abrams

Street Address (P.O. Box Number is Not Acceptable) 9400 South Dadeland Blvd.

Suite, Apt. #, Etc. PH-3

City Miami State FL Zip Code 33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 10/24/00

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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] Jose M. Arellano 10-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

LAW OFFICES OF  
**ABRAMS & ABRAMS, P.A.**  
PROFESSIONAL ASSOCIATION

2002

DAVID S. ABRAMS  
PERLA F. ABRAMS

9400 SOUTH DADELAND BOULEVARD  
PH-3  
MIAMI, FLORIDA 33156  
TELEPHONE (305) 670-9104  
FAX (305) 670-2821

October 24, 2000

Sandra B. Mortham  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

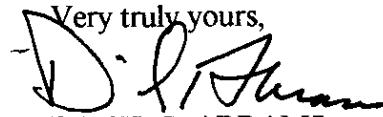
Att: Reinstatement Section  
Re: Petrolea Oil Corporation

Dear Sir/Madam:

Transmitted herewith is our client's Application for Reinstatement.

Please be advised that our client did not receive the Annual Corporation Report form for 1997 and thereafter from the Division of Corporations. Accordingly, enclosed is our firm's check in the amount of \$615.00, which we were informed is the correct amount in such cases.

If additional information is required, kindly advise.

Very truly yours,  
  
DAVID S. ABRAMS

DSA/sz  
encl.