2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 356136

FILED Oct 27, 2008 Secretary of State

Entity Na	me: NORTHS	IDE PROPANE INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17602 N. U LUTZ, FL	JS HIGHWAY 33549	41			
Current Mailing Address:			New Mailing Address:		
17602 N. U LUTZ, FL	JS HIGHWAY 33549	41			
FEI Number	: 59-1283735	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	N, ROBERT H. JS HIGHWAY 33549 US	41			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: ROBERT	H GRATTON			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	t receive the prior notice.		
	S AND DIREC	•	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OVITT, DAVID I	Delete R RD SUITE 317A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () GRATTON, PAU 515 DUQUE RE LUTZ, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () GRATTON, PAU 515 DUQUE RE LUTZ, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL F GRATTON VΡ 10/27/2008

GRATTON, ROBERT H.

4255 S. PURSLANE DR.

HOMOSASSA, FL 34448

Name:

Address:

City-St-Zip: