FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 DEC -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02 BR

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

DOCUMENT # P00000034399

1. Corporation Name

ARGEN GAS, CORP.

2. Principal Office Address		**3.** Mailing Office Address	
2735 NW 7 Street		2735 NW 7 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl.		City & State: Miami, Fl.	
Zip: 33125	Country:	Zip: 33125	Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/5/2000

5. FEI Number: 65-1013018 ☐ 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: Jorge Smulski

Street Address (P.O. Box Number is Not Acceptable): 2735 NW 7 Street

300003417703
12/09/02--01053--002 **308.75

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33125

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 _____ Date: _____

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Jorge Smulski	2735 NW 7 Street	Miami, Fl. 33125
SD	Guillermo A. Moure	2735 NW 7 Street	Miami, Fl. 33125
TD	Carlos R. Barbieri	2735 NW 7 Street	Miami, Fl. 33125

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 _____

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

ARGEN GAS, CORP.
2735 NW 7TH STREET
MIAMI, FLORIDA 33125

December 3, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Attn: Reinstatement Section

Re: Document # P00000034399

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our 2001 and 2002 Uniform Business Reports.

We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,

Jorge Smulski
President