
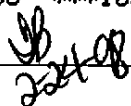
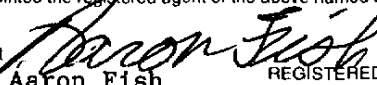
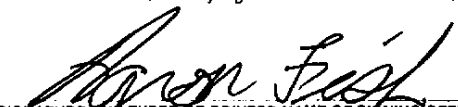


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">98 FEB 24 PM 12:01</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # 042725					
1. Corporation Name Baker L P Gas, Inc.					
Principal Place of Business		Mailing Address			
Route 2, Box 580 Glen St. Mary, FL 32040		Route 2, Box 580 Glen St. Mary, FL 32040			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Route 2, Box 580 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Route 2, Box 580 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida October 23, 1979	
City & State Glen St. Mary, Florida		City & State Glen St. Mary, Florida		5. FEI Number 59-0981925	
Zip 32040	Country Baker	Zip 32040	Country Baker	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres. & Dir.	Iona Fish	Route 2, Box 580	Glen St. Mary, FL 32040		
V.P. & Dir.	Aaron Fish	Route 2, Box 580	Glen St. Mary, FL 32040		
Sec., Treas. & Dir	Richard Fish	Route 2, Box 580	Glen St. Mary, FL 32040		
			300002441863--1 -02/26/98--01097--006 ***1050.00 ***1050.00		
					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Aaron Fish Route 2, Box 580 Glen St. Mary, FL 32040			Name Aaron Fish		
			Street Address (P.O. Box Number is Not Acceptable) Route 2, Box 580		
			Suite, Apt. #, Etc.		
			City Glen St. Mary		
			State FL	Zip Code 32040	
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  Aaron Fish			REGISTERED AGENT MUST SIGN Date 2-24-98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

CR2040 (1/98)