

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

00 AUG -2 AM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

836234

1. Corporation Name

AMERICAN COMPRESSED GASES INC.

2. Principal Office Address

189 CENTRAL AVE

Suite, Apt. #, etc.

City & State

OLD TAPPAN NJ

Zip

07675

Country

USA

3. Mailing Office Address

330 NW 171ST ST.

Suite, Apt. #, etc.

City & State

NO. MIAMI BEACH FL

Zip

33169

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/75

5. FEI Number

13-2599538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

JOHN RISCH @ #3 ADDRESS ABOVE

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

330 NW 171ST ST.

Suite, Apt. #, Etc.

City

NO. MIAMI BEACH FL 33169

State

FL

Zip Code

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 John Risch

REGISTERED AGENT MUST SIGN

Date X 7-28-00

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
PRES	ARTHUR RAMSDELL	189 CENTRAL AVE	OLD TAPPAN NJ 07675
VP	RAY KONRAD	"	" " " "
TREAS	JOHN PREOLO	"	" " " "
			000003384637--2
			09/07/00 01005--001
			****900.00 ****900.00

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)(f), 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

JOHN PREOLO
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/00 7017673200

Daytime Phone #

CR2001 (03/99)