

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR -4 PH 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94943

1. Corporation Name

Apopka Bottle & R.V Gas
Center Inc.

2. Principal Office Address - No P.O. Box #

1422 E. Semoran Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1422 E Semoran Blvd

Suite, Apt. #, etc.

City & State

Apopka FL

Zip Country

32703

US

City & State

Apopka FL

Zip Country

32703

U.S

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 5th 1984

5. FEI Number

59-2402533

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

Robert Findley

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

1422 E. Semoran Blvd.

Suite, Apt. #, etc.

City

Apopka

State

FL

Zip Code

32703

500258188785
04/04/14--01032--005 **150.00

500258188785
03/24/14--01037--016 **750.00

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

Date

REGISTERED AGENT MUST SIGN

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 | Robert Findley | 30510 CR 437 | Sorrento FL 32776 |
| Sec | Ruby Findley | 1304 Pine St. | Apopka, FL 32703 |
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REINSTATEMENT

2013-2014

10. E-mail Address: apopkabottlegas@embargmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Robert Findley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-14

DATE

407-886-3030

DAYTIME PHONE #

APR 4 2014