

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glen E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000034003

Name and Mailing Address

03 NOV 21 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013715 01 AT 0.292 **AUTO T9 0 0615 34677-294870



ALL AMERICAN GAS SERVICES, LLC
470 DOUGLAS ROAD EAST
OLDSMAR FL 34677-2948

500025068355

11/26/03--01024--015 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/18/2002	
Principal Place of Business 470 DOUGLAS ROAD EAST OLDSMAR FL 34677	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 42-1561252	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PORTO, CURRAN K 711 NORTH FLORIDA AVENUE, SUITE 250 TAMPA FL 33602	9. Name and Address of New Registered Agent Name: Josephine A. Murray Street Address (P.O. Box Number is Not Acceptable): 470 Douglas Rd E City: Oldsmar FL Zip Code: 34677
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Josephine A. Murray Date: 11/20/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
m6 Rm	Josephine A. Murray	470 Douglas Rd E	Oldsmar, FL 34677

REINSTATEMENT 2003

11/21/03
cust

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Josephine A. Murray Date: 11/20/03 Daytime Phone: (813) 855-6911

Typed or printed name of signing Managing Member/Manager: Josephine A. Murray