## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  COMPANY				F.ILED 2010 FEB 1.1. AM 9: 49	
DOCUMENT # LO4000037437  1. Limited Liability Company's Name  South Florida GAS LLC.				SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA  400167107214 01/25/1001002021 **338.75	
			City FL.	To Do Busii 6. FEI Numbe	MARTIN ized or Qualified ness in Florida 2/16/04
8. Name and Address of Current Registered Agent  Name  GAZEEBOS Unlimited Corp.  Street Address (P.O. Box Number is Not Acceptable)  A740 Sw. Martin Downs Blvd.  Suite, Apt. #, Etc.  Palm C; ty, FL.  State Zip Code  FL 34996				☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. 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					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip
MGR (	GAZEEBOS Unlimited		5480 SW hosaNAH LN OKERCHORER 12 31974		Okeechokee FI
					00167107214 12/1001005015 **177.50
REINSTATEMENT-08-10					
11. E-mail Address:					
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 commany 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					
Signature of Managing Member/Manager Date Date Date Date Date Date Date Date					
Typed or printed name of signing Managing Member/Manager					