

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 DEC -9 AM 11:08

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700000034399

1. Corporation Name

ARGEN GAS, CORP.

2. Principal Office Address

2735 NW 7 Street

Suite, Apt. #, etc.

3. Mailing Office Address

2735 NW 7 Street

Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

Miami, FL

Zip

33125

Country

Zip

33125

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/5/2000

5. FEI Number

65-1013018

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

Jorge Smulski

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

2735 NW 7 Street

Suite, Apt. #, Etc.

300009417703  
12/09/02--01053--002 \*\*308.75

City

Miami

State

FL

Zip Code

33125

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Jorge Smulski	2735 NW 7 Street	Miami, FL 33125
SD	Guillermo A. Moure	2735 NW 7 Street	Miami, FL 33125
TD	Carlos R. Barbieri	2735 NW 7 Street	Miami, FL 33125

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)(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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**ARGEN GAS, CORP.**  
**2735 NW 7<sup>TH</sup> STREET**  
**MIAMI, FLORIDA 33125**

December 3, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

**Attn: Reinstatement Section**

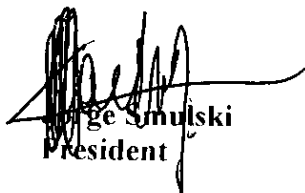
**Re: Document # P00000034399**

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our 2001 and 2002 Uniform Business Reports.

We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,

  
George Smulski  
President