

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000099268 1. Entity Name SOUTHWEST FLORIDA NATURAL GAS COMPANY						FILED 2006 DEC 13 AM 11:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 12/11/06 01059 008 158.7 	
Principal Place of Business P O BOX 8025 NAPLES, FL 34101				Mailing Address P O BOX 8025 NAPLES, FL 34101			
2. Principal Place of Business 10093 Boca Circle		3. Mailing Address PO Box 111045		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL		4. FEI Number 59-3686011		Applied For <input type="checkbox"/> Not Applicable	
Zip 34109		Country		Zip 34108		Country	
6. Name and Address of Current Registered Agent FUETADO, MICHAEL 10093 BOCA CIRCLE NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Furtado, Michael Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Michael M. Furtado</i></u> DATE <u>12/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FURTADO, MICHAEL 10093 BOCA CIRCLE NAPLES, FL 34109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Michael M. Furtado</i></u>				Michael M. Furtado 12/7/06 (239) 732-4123			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			