

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000114291**

1. Corporation Name

L B GAS, INC.

Principal Place of Business

Mailing Address

27583 OLD 41
BONITA SPRINGS FL 34135

27583 OLD 41
BONITA SPRINGS FL 34135

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2000

5. FEI Number

59-3689725

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BILLS, LARRY K	27683 OLD 41	BONITA SPRINGS FL 34135
VP	BILLS, PENNY A	27583 OLD 41	BONITA SPRINGS FL 34135

300023970963
10/21/03--01062--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BILLS, LARRY K
12104 SUNSET STRIP
BONITA SPRINGS FL 33923

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Larry K. Bills
REGISTERED AGENT MUST SIGN

Date **10-14-03**

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., 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:

Larry K. Bills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A. Gorga

262

CERTIFIED PUBLIC ACCOUNTANT

The Jones Building
Suite #301
3435 10th Street North
Naples, Florida 34103
(941) 434-5529
FAX (941) 649-7108

October 14, 2003

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

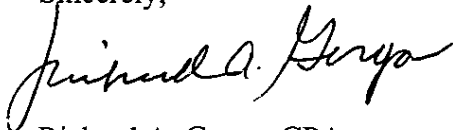
Re: L B Gas, Inc.
Document # P00000114291
FEI Number 59-3689725
Annual Report 2003

Dear Sir/Madam:

I am responding on behalf of my above named client regarding the administrative dissolution of its corporate charter. My client never received the original annual report nor follow up notices that the report was delinquent. Perhaps this was because of a change in the principal place of business and mailing address. Enclosed, please find the Application For Reinstatement and a check in the amount of \$150, the original annual report fee. Please consider accepting the \$150 fee because of the circumstances described above.

Thank you for your consideration.

Sincerely,



Richard A. Gorga, CPA

CC: LB Gas, Inc.