

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000110868

1. Entity Name
BELLAMY'S GAS, INC.



FILED

04 NOV -3 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3413 GRAY WHETSTONE ST
BRANDON, FL 33511**

Mailing Address
**P.O. BOX 6146
BRANDON, FL 33508**

RA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10252004 REIN-P COR2E098 (S/04) 2004
REINSTATEMENT
4. FEI Number
74-3031793
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**BELLAMY, T-B
3413 GRAY WHETSTONE ST
BRANDON, FL 33511**

7. Name and Address of New Registered Agent
Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BELLAMY, T.B. 3413 GRAY WHETSTONE ST BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. B. Bellamy* 11/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FROM : PERSONAL TAX SERVICE

FAX NO. : 727 867 1416

Nov. 01 2004 09:22PM P1

BELLAMY'S GAS, INC.
PO. BOX 6145
BRANDON, FL 33508-6145

November 1, 2004

Florida Department of State
Division of Corporation
Attention: Ruby Dunlap
Document Specialist
P.O. Box 6327
Tallahassee, FL 32314

Subject: Bellamy's Gas, Inc.
Ref. Number: P01000110868

Dear Ms. Dunlap,

Pursuant to the letter received from your office dated for October 25, 2004, please accept this document as official notification of not receiving the Renewal Corporation Form for Bellamy's Gas Inc, tax year 2004.

We are faxing with this document the signed 2004 For Profit Corporation Reinstatement form that was faxed to our office on October 25, 2004. We will overnight mail the original signed form with the filing fee of \$150.00.

Please waive the penalty fee for not filing by the due date for reasons of not receiving the initial Renewal Application form in the mail. We appreciate your acceptance of this request. Please forward your response to this request upon rendering a decision.

Thank you.

Sincerely,



T.B. Bellamy
President