

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 13 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P04000011820</b> 1. Entity Name <b>ACTION GAS, INC.</b>					
Principal Place of Business <b>8321 - 87TH TERRACE NORTH LARGO, FL 33777</b>			Mailing Address <b>8321 - 87TH TERRACE NORTH LARGO, FL 33777</b>		
2. Principal Place of Business <b>8321-78th TERRACE N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8321-78th TERRACE N.</b> Suite, Apt. #, etc.			
City & State <b>LARGO FL</b>		City & State <b>LARGO FL</b>		4. FEI Number <b>81-0640830</b>	
Zip <b>33777</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WORKMAN, ALAN 8321 - 87TH TERRACE NORTH LARGO, FL 33777</b>			7. Name and Address of New Registered Agent Name <b>ALAN WORKMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8321-78th TERRACE NORTH</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33777</b>		
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 <b>ALAN WORKMAN</b> <i>Alan Workman</i> <b>10-10-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV <b>WORKMAN, ALAN</b> <b>8321 78TH TERRACE NORTH</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>WORKMAN, SAMANTHA</b> <b>8321 78TH TERRACE NORTH</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>Alan Workman</i> <b>10-10-05 727-643-5875</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

*10/13/05*