

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 13 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000148562

1. Entity Name
TR FOOD & GAS SERVICE CORP



Principal Place of Business
1005 E. ALFRED DR.
LAKE ALFRED, FL 33850

Mailing Address
3552 FIELDSTONE CT.
KISSIMMEE, FL 34746

2. Principal Place of Business

3. Mailing Address

1005 E. Alfred Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE ALFRED, Florida

Zip

Country

Zip

33850

Country

FL

10102006

REIN-P

CR2E098 (11/05)



4. FEI Number

20-3831362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, MERIDO W
~~3552 FIELDSTONE CT.~~
~~KISSIMMEE, FL 34746~~

Name Rodriguez, Merido W

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

1005 E. Alfred Dr.

City LAKE ALFRED

FL

Zip Code

33850

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
P RODRIGUEZ, MERIDO W
STREET ADDRESS 3552 FIELDSTONE CT.
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE NAME ☐ Change ☐ Addition
1005 E. Alfred Dr.
STREET ADDRESS LAKE ALFRED, FL 33850
CITY-ST-ZIP

TITLE NAME ☐ Delete
VP ESPINAL, JOSE F
STREET ADDRESS 9302-93RD ST.
CITY-ST-ZIP OZONE PARK, NY 11226

TITLE NAME ☐ Change ☐ Addition
900080816319
10/13/06--01011--007 **300.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-06

Date

Daytime Phone #

10/18