## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000015744

Address:

City-St-Zip:

AUBURNDALE, FL 33823

Entity Name: GAS INNOVATIONS, INC

FILED Oct 08, 2008 Secretary of State

•		· · · · · - · · - · · · · · · · ·			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4709 CRUMP ROAD			602 BURNS LANE		
UNIT 3 LAKE HAMILTON, FL 33851			WINTER HAVEN, FL	33884	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4709 CRUMP ROAD			PO BOX 191	PO BOX 191	
UNIT 3 LAKE HAMILTON, FL 33851			WINTER HAVEN, FL 33882		
	·				
FEI Number	: 20-8388691	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
1519 THIR	BRANDON J RD STREET, S HAVEN, FL 33	S.E.			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: BRANDO	ON J. RAFOOL			
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	
Name:	VALLEJO, CHI		Name:		
Address: City-St-Zip:	1010 11TH ST EAGLE LAKE,		Address: City-St-Zip:		
Oity-Ot-Zip.	LAGEE LAKE,	12 33000	Oity-Ot-Zip.		
Title:	•	) Delete	Title:	( ) Change ( ) Addition	
Name:	CROSS, ALBE		Name:		
Address:	P.O. BOX 145		Address:		
City-St-Zip:	WINTER HAVE	EN, FL 33882	City-St-Zip:		
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	
Name:	TRUEHART, M	ICHAEL W	Name:		
Address:	720 SOUTH LA	AKE FLORENCE DRIVE	Address:		
City-St-Zip:	WINTER HAVE	EN, FL 33884	City-St-Zip:		
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	
Name:	CAHOON, LAU		Name:	- ' '	
Address:	2121 WILDW	OOD LANE	Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAURENCE M. CAHOON D 10/08/2008