

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000068261

FILED
Apr 06, 2009
Secretary of State

Entity Name: PEASE GASLINE INSTALLATIONS, INC.

Current Principal Place of Business:

1109 GIFFORD AVE N.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

4725 25TH PL SW
B
NAPLES, FL 34116

Current Mailing Address:

1109 GIFFORD AVE N.
LEHIGH ACRES, FL 33936

New Mailing Address:

4725 25TH PL SW
B
NAPLES, FL 34116

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEASE, KEVIN
1109 GIFFORD AVE N
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

PEASE, KEVIN
4725 25TH PL SW
NAPLES, FL 34116 US

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.

SIGNATURE: KEVIN PEASE

04/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: PEASE, KEVIN
Address: 1109 GIFFORD AVE N.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP/T () Delete
Name: PEASE, KEVIN
Address: 1109 GIFFORD AVE N.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S () Delete
Name: PEASE, KEVIN
Address: 1109 GIFFORD AVE N.
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PEASE, KEVIN
Address: 4725 25TH PL SW
City-St-Zip: NAPLES, FL 34116

Title: VP/T (X) Change () Addition
Name: PEASE, KEVIN
Address: 4725 25TH PL SW
City-St-Zip: NAPLES, FL 34116

Title: S (X) Change () Addition
Name: PEASE, KEVIN
Address: 4725 25TH PL SW.
City-St-Zip: NAPLES, FL 34116

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.

SIGNATURE: KEVIN PEASE

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date