PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 FEB 23 AM IO: 58 SECULIALIZARY OF STATE FALL AMARSE: FLORIDA
DOCUMENT # <i>P0700082089</i> 1. Corporation Name	02. 2919.1 .7 9.225 193 9.3 .75
Fast By Gas Inc.	200170250302 02/23/1001022010 **450,00
2. Phycipal Office Address - No P.O. Box# 3. Mailing Office Address 1500 Jefferson St 10742 S.W. 190 Street Suite, Apt. #, etc. BAN # 7	REINSTATEMENT, 08-10 4. Date Incorporated or Qualified
City & State Country Zip Country Country	5. FEI Number Applied For Not Applicable
33116 USA 33151 USA	6. CERTIFICATE OF STATUS DESIRED 2 \$8.75, Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Prnn Le	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered eigent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Z//7//0 REGISTERED AGENT MUST DIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City / State / Zip	
Officers and/or Directors Officer and/or Director	City / State / Zip (4 Minary El 33176
M Vershawn Lanee Hagin 14561 Fillmore	St Manifel 33/76
10. E-mail Address: Fasthygas@gmail. Com. (No be used for future annual report notification)	
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason by dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, further certify, the information indicated on this application is true and occurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Double Phone #	