

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000715

1. Corporation Name

Clearwater Gas & Service, Inc.
803 Missouri Ave
Clearwater, Florida 33756

400008782604
11/04/02--01063--002 **750.00

2. Principal Office Address

803 Missouri Avenue

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756

Country

Pinellas

3. Mailing Office Address

517 Lakewood Drive

Suite, Apt. #, etc.

City & State

Oldsmar, FL

Zip

34677

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/1993

5. FEI Number

59-3227775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Georgos Georges

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

517 Lakewood Drive

Suite, Apt. #, Etc.

City

Oldsmar

State
FL

Zip Code
34677

8. I, being appointed the registered agent 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

Georgos Georges

REGISTERED AGENT MUST SIGN

Date 10-31-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Georgos Georges	517 Lakewood Drive	Oldsmar, FL 34677

10. 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 for 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Georgos Georges

Georgos Georges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

Daytime Phone #

CR2081 (8/01)

11/12/02