

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -8 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065546

1. Corporation Name

INTERNATIONAL GAS MARKETING, INC.

Principal Place of Business

Mailing Address

1410B N. THIRD STREET
JACKSONVILLE BEACH FL 32250
US

P.O. BOX 49276
JACKSONVILLE BEACH FL 32240
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1118 Shipwatch DR. E
Suite, Apt. #, etc.
JACKSONVILLE, FL
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1995

5. FEI Number

59-3356220

Applied For

Sub-S

59-3350550-

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

32225

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PEIRSON, FRANK H	1410B N. THIRD STREET- 1118 Shipwatch DR. E	JACKSONVILLE BEACH FL
			800002368848--6 -12/10/97--01113--022 ***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

CRABTREE, R.R.
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

FRANK H. PEIRSON

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

1118 Shipwatch DR E.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

Daytime Phone #

904-221-8796

CR2E040 (8/97)