

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089305

1. Corporation Name

SOUTH FLORIDA GAS COMPANY, INC.

Principal Place of Business

Mailing Address

6361 PRESIDENTIAL CT
STE 109
FORT MYERS FL 33919

6361 PRESIDENTIAL CT
STE 109
FORT MYERS FL 33919

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1995

SP

5. FEI Number

65-0621834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PD	ROBB, CHARLES R	10550 BRADENTON ROAD 2613 N.W. 3 rd PL	FORT MYERS FL 33912 Cape Coral, FL 33993
VD	FISHER, TERRELL A	18580 BRADENTON ROAD	FORT MYERS FL 33912

200003063512--0

12/07/99 01002 019

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAGLIARDI, JOSEPHINE
6361 PRESIDENTIAL CT
STE 109
FORT MYERS FL 33919

Name William M. Powell, Esq.

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

3515 Del Prado Blvd S.

Suite, Apt. #, Etc.

Suite 101

City Cape Coral

State

FL

Zip Code

33904

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date November 12, 1999

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 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:

Charles R. Powell Charles R. Powell, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99
Date

941-267-4277
Daytime Phone