

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000009569**

1. Corporation Name

GAS, INC.

Principal Place of Business

**240 NORTH PENNSYLVANIA AVENUE
WINTER PARK FL 32789**

Mailing Address

**240 NORTH PENNSYLVANIA AVENUE
WINTER PARK FL 32789**

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

01/22/1997

5. FEI Number

59-3425232

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
DPST	WONG, SAS MAN KAU	2429 BRIARCREEK DRIVE	APOPKA FL 32703
			700004721347--8 -12/12/01--01078--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**LEE, ROBERT Q
430 NORTH MILLS AVENUE
ORLANDO FL 32803**

9. Name and Address of New Registered Agent

Name **Laura L Keller EA**
Street Address (P.O. Box Number is Not Acceptable)
5021 LIGHTERWOOD CT
Suite, Apt. #: Etc.
City **DOVER** State **FL** Zip Code **34761**

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

Laura L Keller EA

REGISTERED AGENT MUST SIGN

Date **10/20/01**

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:

MAN KAU WONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/01

Daytime Phone #

407-648-1652



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 11:18

CP2E040 (8/01)

GAS Inc.
240 North Pennsylvania Avenue
Winter Park, FL 32789-3728

October 20, 2001

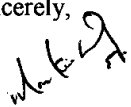
RE: Document # P97000009569
FEI # 59-3425232

To Whom It May Concern;

We are asking that the Reinstatement Fee be waived for our corporation. We have had many hardships in keeping this business operating. We have been robbed at gunpoint, called police resulting in drug deal arrests and gone into our savings to keep our doors open. It would be an extreme hardship to pay the additional monies required to reinstate our corporation.

All of the other State and Federal Filings are current. Please consider this request.

Sincerely,


Sas Man Jau Wong
President

GAS Inc.
240 North Pennsylvania Avenue
Winter Park, FL 32789-3728

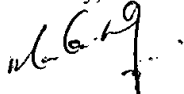
November 28, 2001

RE: Document # P97000009569
FEI # 59-3425232
Letter number: 901A00060718

Attn: Stacy Prather

Enclosed please find the completed Uniform Business Report for our corporation along with a check for \$150.00. We are asking that the Reinstatement Fee be waived for our corporation. We did not receive the original Uniform Business Report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sas Man Jau Wong', with a stylized flourish at the end.

Sas Man Jau Wong
President