

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # P97000087045

1. Corporation Name

BROWARD GAS SERVICE OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

3311 BARTLETT BLVD
ORLANDO FL 32811

~~3311 BARTLETT BLVD~~
~~ORLANDO FL 32811~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
4602 35th St.

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 200

5. FEI Number

59-3473007

Applied For

Not Applicable

City & State

City & State
Orlando, FL 32811-6545

Zip

Country

Zip

Country

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
D	REED, M	3311 BARTLETT BLVD	ORLANDO FL 32811
VP	REED, RUSSELL N	3311 BARTLETT BLVD	ORLANDO FL 32811
P	Dye, Robert B.	5130 Executive Blvd.	Ft. Wayne, IN 46808

8. Name and Address of Current Registered Agent

REED, RUSSELL
3311 BARTLETT BLVD
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name Rolando Perez	
Street Address (P.O. Box Number is Not Acceptable) 7425 S.W. 127 Court	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33183	

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Rolando Perez, General Manager

Date

11-24-03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
R. Bruce Dye, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-03

Date

260-482-1444

Daytime Phone #

CR2E040 (7/03)