## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE \* Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P97000095060

1. Corporation Name

OTTÓ'S L.P. GAS, INC.

Principal Place of Business

Mailing Address

9613 US 301

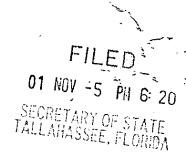
1910

SIGNATURE:

RIVERVIEW FL 33569

9613 US 301

RIVERVIEW FL 33569





If above addresses are incorrect in any way, line through incorrect information and enter correction below.								1	
2. New Pri	incipal Office A	Address, If Applicable		New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida  1.1/05/1997  5. FEI Number		
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.					
City & State	9		City & State	City & State			59-3488550	Applied For  Not Applicable	
Zip Country			Zip		Country	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED S8.75 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)									
Title(s) Name of Officers and/or Directors			·			ss of Each or Director  City / State / Zip		ate / Zip	
PSTD	OTTO, WAYNE			9613 US 301			RIVERVIEW FL 33569		
							100046981 -11/29/010	5631 1059022	
							****750.00	****750.00	
						7			
	REPORTED TO								
	, ,		•		677 (Are)				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
OTTO, WAYNE D					Name				
9613 US 301				Street Address (F		P.O. Box Number is Not Acceptable)			
9613 U.S. 301				Suite, Apt. #, Etc.					
RIVERVIEW FL 3356,					City	City State Zip Code			
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									

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Date

Daytime Phone #

10/30/01 81367