CAPITAL CONNECTION 850 222 1222 10/19 '98 15:26 NO.166 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 OCT 20 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102411

1. Corporation Name

THE GALA GAS COMPANY

Principal Place of Business / Mailing Address

4518-5 DEL PRADO Blvd.
Suite 105 CAPE CORAL FL. 33904

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6900 NW 51 Street	P.O. BOX 075
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLORIDA	City & State: KEY BISCAYNE FLORIDA
Zip: 33166 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/4/97

5. FEI Number: 65-0799366 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	Robert D. Leaman	50 OCEAN LN. DR. #205	Key Biscayne, FL 33149
V.P.	Rebeca G. Leaman	50 OCEAN LN. DR. # 205	500002669435--1 +10/21/98-01073--016 ****750.00 ****50.00
NEW V.P.	Alejandro J. Gonzalez	600 Grapetree Dr. #5DS	" " " "
SEC.	Josie Valdés-Hurtado	600 Grapetree Dr. #5DS	" " " "
Treas.	Raúl Valdés-Hurtado	600 Grapetree Dr. #5DS	JB 10-20-98

8. Name and Address of Current Registered Agent

Josie Valdés-Hurtado
600 Grapetree Drive #5DS
Key Biscayne, Florida
33149

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | 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: Josie Hurtado — REGISTERED AGENT MUST SIGN — Date: 10/18/98

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.

JOSIE VALDES-HURTADO, SEC.

SIGNATURE: Josie Hurtado — 10/18/98 — (305)361-5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #