

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000033365

1. Corporation Name

GAS PROFESSIONAL, INC.

2. Principal Office Address

13221 SW 53 Street

3. Mailing Office Address

13221 SW 53 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

U.S.

Zip

33027

Country

U.S.

4. Date Incorporated or Qualified -  
To Do Business in Florida

4/10/1998

5. FEI Number

65-0832365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

Name

Herman A. Wahlenberg

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

13221 SW 53 Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Herman A. Wahlenberg*

REGISTERED AGENT MUST SIGN

Date 10-10-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Herman A. Wahlenberg	13221 SW 53 Street	Miramar, FL 33027

10. 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:

*Herman A. Wahlenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 816-2030

Date

Daytime Phone #

CR2E081 (10/02)

10/10/03

4143 SW 74th Court, Suite C  
Miami, Florida 33155

RAFAEL J. FERNANDEZ, C.P.A., P.A.  
CERTIFIED PUBLIC ACCOUNTANT

Phone: (305) 265-8885  
Fax: (305) 265-8806  
E-mail: rfernandezcpa@aol.com

October 21, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Gas Professional, Inc.  
13221 SW 53<sup>rd</sup> Street  
Miramar, FL 33027

Letter regarding waiver of reinstatement penalties

To the Reinstatement Division:

I am writing in order to reinstate Gas Professional, Inc. For your convenience I have attached the reinstatement form along with a \$150 annual filing fee. The taxpayer is requesting that you waive the reinstatement penalty because he never received a copy for 2003. Thank you in advance for your cooperation in this matter. If you have any questions please do not hesitate to contact me at (305) 265-8885.

Sincerely,



Rafael J. Fernandez, C.P.A.  
Rafael J. Fernandez, C.P.A., P.A.