

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077660

1. Corporation Name

GAS ONE, INC.

REINSTATEMENT 03-04

2. Principal Office Address
9620 NW 66th Place

Suite, Apt. #, etc.

City & State
Parkland, FL

Zip
33076

Country
USA

3. Mailing Office Address
9620 NW 66th Place

Suite, Apt. #, etc.

City & State
Parkland, FL

Zip
33076

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

600029016626
02/18/04--01028--025 **300.00

7. Name and Address of Current Registered Agent

Name
GARY S. DUNAY

Street Address (P.O. Box Number is Not Acceptable)
5355 Town Center Road, Suite 801

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33486

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

Date February 5, 2004

REGISTERED AGENT MUST SIGN

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
P/T/D	Randall E. Waltuch	9620 NW 66th Place	Parkland, FL 33076
V/D	Norton Waltuch	9620 NW 66th Place	Parkland, FL 33076
S/D	Kim Waltuch	9620 NW 66th Place	Parkland, FL 33076

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04
Date

561 8350 1734
Daytime Phone #

Store 561 865 1865

CR2E081 (01/04)