

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 DEC -7 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06455

1. Corporation Name

P AND B GAS INC.

Principal Place of Business

Mailing Address

179 SOUTHBAY DR.
NAPLES FL 33963
US

179 SOUTHBAY DR.
NAPLES FL 33963
US



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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/12/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0223208	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
ST	HARVEY, MONICA	179 SOUTHBAY DR.	NAPLES FL
V	HARVEY, PAUL	179 SOUTHBAY DR.	NAPLES FL
P	GRACE, MICHAEL H.	179 SOUTH BAY DR.	NAPLES FL
			800002710428--2 -12/11/98--01088--034 ****258.75 ****258.75
			800002710428--2 -12/11/98--01088--035 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARVEY, MONICA 179 SOUTHBAY DR. NAPLES FL 33963	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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 Monica Harvey **REQUIRED** Date 11/25/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

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.

SIGNATURE: Monica Harvey **REQUIRED** Date 11/25/98 (941) 597-2063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/98)