

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV -1 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719787**

1. Corporation Name

TAMPA PORT COMMITTEE FOR SPILLAGE CONTROL, INC.

Principal Place of Business

C/O TERRY FLUKE
CITGO PETROLEUM - 801 MCCLOSKEY
TAMPA FL 33605
US

Mailing Address

~~8200 EAST 8TH STREET~~
~~TAMPA FL 33605~~
~~US~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

TAMPA PORT COMMITTEE
P.O. BOX 78862
TAMPA, FL 33675

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1970

FEI Number

59-1547673

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	RON SPILLMAN	AMOCO/BP 848 MCCLOSKEY BLVD	TAMPA FL, 33605
S/D	TERRY FLUKE	CITGO PETROLEUM 801 MCCLOSKEY BLVD	TAMPA FL, 33605
T/D	TONY AUSTIN	MARTIN GAS 4118 PENDOLA POINT	TAMPA FL, 33619

300003039333--1
-11/09/99--01041--001
****27.25 ****236.25

REINSTATEMENT

8. Name and Address of Current Registered Agent

FLUKE, TERRY
CITGO PETROLEUM
801 MCCLOSKEY BLVD
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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 607.0508, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/99

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 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

10/21/99

Date

813-247-3429

Daytime Phone #

CR20040 (8/99)