

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

00 APR 11 AM 10:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **731395**  
 1 Corporation Name

FLORIDA SPILLAGE CONTROL ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 605 TOWNSEND ROAD P.O. BOX 1847  
 P.O. BOX 1847 COCOA, FL 32923  
 COCOA, FL 32923

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

**REINSTATEMENT** 18-00

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.		12/17/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-0173727	
				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
PD	KOIVU, MARTIN S.	605 TOWNSEND ROAD	COCOA, FL 32926
VD	MACDONALD, PAUL	263 13th AVENUE SOUTH	ST. PETERSBURG, FL 33733
SD	FLUKE, TERRY	801 MCCLOSKEY BLVD	TAMPA, FL 33605
TD	CERNICK, RANDY	3510 SOUTHEAST 19th AVE.	PORT EVERGLADES, FL 33316
200003222762-9 -04/25/00--01045--007 *****367.50 *****367.50			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name KOIVU, MARTIN S.	
		Street Address (P.O. Box Number is Not Acceptable) 605 TOWNSEND ROAD	
		Suite, Apt. #, Etc.	
		City COCOA	State FL
		Zip Code 32926	

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 [Signature] Date 4/5/00  
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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.

SIGNATURE: [Signature] MARTIN S. KOIVU Date 4/5/00 321-631-7778  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **KE**

CR2E081 (12/98)