

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 11 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 731395

1 Corporation Name

FLORIDA SPILLAGE CONTROL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

605 TOWNSEND ROAD  
P.O. BOX 1847  
COCOA, FL 32923

P.O. BOX 1847  
COCOA, FL 32923

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0173727

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

REGISTERED AGENT MUST SIGN

Date

4/5/00

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:

*Martin S. Koivu*

MARTIN S. KOIVU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/00

321-631-7778

Daytime Phone #

KE

CR2E081 (12/98)