

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 FEB 25 AM 1:39

DOCUMENT #

5980000000008

1. Corporation Name

UNIVERSAL TANK & CONTAINMENT CORP.

2. Principal Office Address

4405 W. HWY 40

Suite, Apt. #, etc.

City & State

OCALA, FLA.

Zip

34482

Country

USA

3. Mailing Office Address

4405 W. HWY 40

Suite, Apt. #, etc.

City & State

OCALA, FLA.

Zip

34482

Country

USA

REINSTATEMENT

99-02

4. Date Incorporated or Qualified  
To Do Business in Florida

1/2/98

5. FEI Number

59-3477318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KELLY KNUDSON

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

3206 NE 39th PLACE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34479

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\*\*\*1208.75 \*\*\*1208.75

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

Kelly Knudson

Date 01-14-02

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/D	LAURIE MISIEWICZ	4950 N.W. 150th AVE.	MORRISTON, FLA. 32668

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:

Laurie Misiewicz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-02

Date

352-351-3834

Daytime Phone #

CR2E081 (9/01)