

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003459

1. Corporation Name

MIAMI TANK MANUFACTURING, INC.

Principal Place of Business

Mailing Address

11511 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

11511 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable

4505 PROSPERITY DRIVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

FT. PIERCE FL

Zip 34948

Country USA

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/16/1998

5. FEI Number 59-3516297

APPLIED FOR

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FOZDAR, VIJAY J	11511 PHILLIPS HIGHWAY	JACKSONVILLE FL 32256
ST	WELLING, DENNIS E	11511 PHILLIPS HIGHWAY	JACKSONVILLE FL 32256
			700003033307--7 -11/02/99--01111--022 ****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name DENNIS E. WELLING

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

11511 Phillips Highway

Suite, Apt. #, Etc.

City Jacksonville

State FL

Zip Code 32256

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]

REGISTERED AGENT MUST SIGN

Date 10-20-99

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99 904-886-3700

Date

Daytime Phone #

2



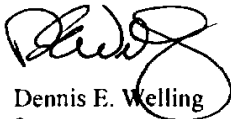
October 20, 1999

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

Dear Sir or Madam:

Concerning the filing of the 1999 Profit Corporation Annual Report we had not received the original forms for this newly formed corporation. We therefore ask that you waive the late fees and penalties and accept the enclosed filing. Thank you for your consideration in this matter.

Sincerely,



Dennis E. Welling
Secretary