

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H08988

1. Corporation Name

PETROLEUM CONTAINMENT, INC.

2. Principal Office Address

3511 Walnut Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32206

Country

U.S.A.

3. Mailing Office Address

3511 Walnut Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32206

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1984

5. FEI Number

592427312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Edwin W. Held, Jr.

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

1301 Riverplace Blvd.

Suite, Apt. #, Etc.

Suite 1916

City

Jacksonville

State
FL

Zip Code
32207

000030931760
03/23/04-01067-003 **1200.00

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

Edwin W. Held, Jr.
REGISTERED AGENT MUST SIGN

Date 3/22/04

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
CD	Arn, Robert H.	1018 Pheasant Drive	Jacksonville, FL 32218
TD	Arn, Janet L.	1018 Pheasant Drive	Jacksonville, FL 32218
PD	Arn, Robert W.	13810 Webb Road	Jacksonville, FL 32218
SD	Arn, Donna J.	13810 Webb Road	Jacksonville, FL 32218

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:

Robert Arn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 358-1700

3/22/04

Date

Daytime Phone #

CR2E081 (01/04)