PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
97 & 98 Sandra B. Mortham
Secretary of State
AR DIVISION OF CORPORATIONS

FILED
98 MAR 26 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # N35930

1. Corporation Name
National Institute For Storage Tank Management

Principal Place of Business	Mailing Address
3176 Shoal Line Blvd Spring Hill, FL 34607	P.O. Box 8772 Coral Springs, FL 33075

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
NISTM	NISTM
Suite, Apt. #, etc.: 3176 Shoal Line Blvd	Suite, Apt. #, etc.: P.O. Box 8772
City & State: Spring Hill, FL	City & State: Coral Springs, FL
Zip: 34607 Country: Hernando	Zip: 33075 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/89

5. FEI Number: 65-0171282 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	James DeMartini	1555 NW 91 Ave, S-213	Coral Springs, FL 33071
SD	Terry Chlanda	4292 Columbus Dr	Spring Hill, FL 34607
AD	Doris Early	3176 Shoal Line Blvd	Spring Hill FL 34607
AD	Elaine Ramos	3176 Shoal Line Blvd	Spring Hill, FL 34607
			SL 3-26-98

8. Name and Address of Current Registered Agent

James DeMartini
1555 N.W 91 Ave, S-213
Coral Springs, FL 33071

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

500002473565--1
-03/31/98--01050--006
****131.25 ****131.25

CR2E040 (1/98)

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: James DeMartini Date: 3/26/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: James DeMartini 3/26/98 800-827-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

To Whom It May Concern,

I James De Martini representing the National Institute for Storage Tank Management did not recieve my Annual Reports. The address for the corporation changed from 4049 Cocoplum Circle, Coconut Creek, FL, to 3176 Shoal Line Blvd.

Thank You,

James Martini