PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 96 NOV -7 AM 8: 24 DOCUMENT # P93000079796 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA AMERICAN TANK & TRANSFER, INC. Principal Place of Business Mailing Address 3214 IOWA RD. 3214 IOWA RD. LAKELAND FL 33003 LAKELAND FL 33003 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 Suite, Apt. 4, etc. Suite, Apt. #, etc. JOPIE 5. FEI Number Applied For City & State 59-3212087 City & State Not Applicable AKELAND FLA. R CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) .. 57 585.5. Street Address of Each Name of Officers Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip **COLTON WAYNE L CO** 2214 IOWA PD. DEFTE D STANTON, JACK L SR 1844 riligi iing re LAKELAND, FLA 33801 1248 W. MARJORIE ST. 600002005146== -11/14/96--01106--009 ****375.00 . ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registe STANTON HOLTON, WAYNE L SR O. Box Number is Not Acceptable 3214 IOWA RD. MARJORIU LAKELAND FL 33803 Sulte, Apt. #, Etc. 10. I, being appointed the pagistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent REQUIRED REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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 feet 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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME