

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN -1 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026233.

1. Corporation Name

PURCELL FUELS, INC.

Principal Place of Business

Mailing Address

4720 WINDFLOWER CIRCLE  
TAMPA, FL. 33624

4720 WINDFLOWER CIRCLE  
TAMPA, FL. 33624

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

2. New Principal Office Address, If Applicable

15002 N. FLA. AVE.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15002 N. FLA. AVE.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/25/96

5. FEI Number

593371701

Applied For

Not Applicable

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33623

Country

HILLSBOROUGH

Zip

33613

Country

HILLSBOROUGH

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	PURCELL, DIANE K.	4720 WINDFLOWER CIRCLE	TAMPA, FL. 33624
TREAS.	MARINI, DAVID	4720 WINDFLOWER CIRCLE	TAMPA, FL. 33624
SECR.	PURCELL, ANDREW	4720 WINDFLOWER CIRCLE	TAMPA, FL. 33624

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\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

MCCAIN, CARTER B.  
2300 PARK TOWER  
400 TAMPA STR.  
TAMPA, FL. 33602

9. Name and Address of New Registered Agent

Name

CARTER B. MCCAIN

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

400 TAMPA STR.

Suite, Apt. #, Etc.

2300 PARK TOWER

City

TAMPA

State

FL

Zip Code

33602

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

Carter B. McCain

REGISTERED AGENT MUST SIGN

Date 5/5/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane K. Purcell

4-30-97 (813) 961-8040

Date

Daytime Phone #

CR2C040 (1/98)