

APPLICATION FOR REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 2:03

AUTOMATED COMMERCIAL FUELING OF TAMPA BAY, INC.

Mailing Address

~~5421 BEAUMONT CTR BLVD~~
~~655~~
~~TAMPA FL 33634~~

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

3. New Mailing Office Address, If Applicable

Sui Apt. # etc 11-20-7 Proverbs Ave.

City & State
Baton Rouge, LA

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/07/1998

5. FEI Number

72-1416969

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SULLIVAN, TROY G	8288 TOM DRIVE - SUITE C 11207 Proverbs Ave.	BATON ROUGE LA 70015 70816
D	SULLIVAN, SCOTT	8288 TOM DRIVE - SUITE C 11207 Proverbs Ave	BATON ROUGE LA 70015 70816
			9000003491149--6 -12/07/00--01079--011 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, N D JR.
GREENSPOON, MARDER, HIRSCHFELD, ET. AL.
135 WEST CENTRAL BOULEVARD - SUITE 1100
ORLANDO FL 32801

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/2000
Date

504/924-1020
Daytime Phone #