

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV -5 AM 11:49

DOCUMENT # P98000062522

1. Corporation Name

SOUTHERN TANK SERVICES, INC.

Principal Place of Business

Mailing Address

1160 EASTPORT RD.  
JACKSONVILLE FL 32218

11900 STAGE COACH  
LITTLE ROCK AR 72209



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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

71-0818219

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	GENTRY, SCOTT	11900 STAGECOACH RD	LITTLE ROCK AR 72209
S/T	PARETTE, KEITH	11900 STAGECOACH RD	LITTLE ROCK AR 72209

4000004698154--0  
-11/29/01--01044--010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARETTE, KEITH  
1160 EASTPORT RD  
JACKSONVILLE FL 33318

Name

Keith Parette

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

1160 Eastport Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/29/01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/01

Daytime Phone #

CR2E040 (8/01)