

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
AND
FILED

03 OCT 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G 65641**

1. Corporation Name

CONTROL STORAGE, INC.

[Handwritten signature]

REINSTATEMENT 01-03

900023747509

10/13/03--01055--014 **1058.75

2. Principal Office Address

6720 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

10505 Oak Run Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

US

City & State

Bradenton, FL

Zip

34211

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2343480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher J. Coffin

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

10505 Oak Run Drive

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34211

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten signature of Christopher J. Coffin]

REGISTERED AGENT MUST SIGN

Date

10-10-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Christopher J. Coffin	10505 Oak Run	Bradenton, FL 34211

10. 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

[Handwritten signature]

Date

10-10-03

Daytime Phone #

CR2E081 (10/02)