

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV -7 AM 9:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J57015**

1. Corporation Name

STEVE'S STORAGE, INC.

Principal Place of Business

Mailing Address

9212 EDGEWATER DR
 CLERMONT FL 34711

9212 EDGEWATER DR
 CLERMONT FL 34711

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. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1987

5. FEI Number

59-2768695

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	JOHNSON, STEVEN EDWARD	9212 EDGEWATER DR	CLERMONT FL
D	JOHNSON, TAKAKO T.	9212 EDGEWATER DR	CLERMONT FL

3000002345233-4
 -11/12/97-01105-014
 ***750.00 ***750.00

10/11/0

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, G., STEVEN
 200 E. ROBINSON ST
 SUITE 500
 ORLANDO FL 32801

Name
FLORIDA CORPORATE SUPPORT, INC
 Street Address (P.O. Box Number is Not Acceptable)
200 E. ROBINSON Street
 Suite, Apt. #, Etc.
SUITE 500

City
ORLANDO State **FL** Zip Code **32806**

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 *BY: Steven Brown, Asst. Sec.*
 REGISTERED AGENT MUST SIGN

Date *11/4/97*

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: *Steven E. Johnson*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97 Date
407-824-6668 Daytime Phone #

CR2ED40 (8/97)