PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 SEP 10 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000073388

1. Corporation Name

All A/C Self Storage Inc.

E00318301896
09/10/18--01034--006 **635.00

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5740 COLUMBIA CIRCLE		5740 Columbia Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
WEST PALM BEACH, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33407	US	33407	US

4. Date incorporated or qualified to do business in Florida: 08/27/2012

5. FEI Number: 46-2459479

6. Certificate of Status Desired ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eric Ash

Street Address (P.O. Box Number is Not Acceptable): 2240 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.: 101

City: West Palm Beach, State: FL Zip Code: 33409

8. I, having been appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 Florida Statutes.

Signature of Registered Agent: ______ Date: 09/07/2018

REGISTERED AGENT MUST SIGN.

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
P	John Switlyk	J 812 PROSPECT ST	WESTFIELD, NJ 07090
S	Lisa Switlyk	J 812 PROSPECT ST	WESTFIELD, NJ 07090

10. E-mail Address: eric@ericashpa.com

(to be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 ... reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section ... owed by the corporation have been paid; further certify the information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: ______ 9/7/18 908-310-2741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John J. Switlyk
Pres of All A/C Self Storage, Inc