

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

DOCUMENT # 393262

1. Corporation Name

TRIPLE 'E' Self-Service Warehouses,
INC

300027403453
01/22/04--01021--023 **450.00

REINSTATEMENT

02-04
MRD

2. Principal Office Address

1515 Dale Mabry Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

Lutz, FL

City & State

Zip

33548

Country

PASCO

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/71

5. FEI Number

59-1485130

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

Brenda Scarborough

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

1515 Dale Mabry Hwy

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code
33548

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

Brenda Scarborough

REGISTERED AGENT MUST SIGN

Date 1/13/04

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
Pr	William Eubanks	121 N. Post Oaks Lane Ste 702	Houston, TX 77024

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:

W. Eubanks Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

(713) 957-9111

Daytime Phone #

CR2E081 (10/02)