PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94962

1. Corporation Name
By-Pass Mini Warehouses, Inc.

REINSTATEMENT 02
300009766853
12/31/02--01052--005 **1200.00

2. Principal Office Address	**3.** Mailing Office Address
4284 Hwy 90	P.O. Box 644
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace, FL	City & State: Milton, FL
Zip: 32571 Country:	Zip: 32572 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8-18-82

5. FEI Number: 59-2296347 ☐ 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: S. Ellen Carver

Street Address (P.O. Box Number is Not Acceptable): 4284 Hwy 90

Suite, Apt. #, Etc.:

City: Pace | State: FL | Zip Code: 32571

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: S. Ellen Carver Date: 12-30-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Ralph S. Carver	4284 Hwy 90	Pace, FL 32571
VP	S. Ellen Carver	4284 Hwy 90	Pace, FL 32571

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: S. Ellen Carver 12-30-02 850-994-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #