

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000006310**

1. Corporation Name

IRON MOUNTAIN INFORMATION MANAGEMENT, INC.

Principal Place of Business

**745 ATLANTIC AVENUE
BOSTON MA 02111**

Mailing Address

**745 ATLANTIC AVENUE
BOSTON MA 02111**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
02 NOV 18 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1995

5. FEI Number

04-3038590

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	4 City / State / Zip
AP	REESE, RICHARD C	745 ATLANTIC AVENUE	BOSTON MA 02111
V	KENNY, JOHN F JR	745 ATLANTIC AVENUE	BOSTON MA 02111
S	WATZKE, GARRY B	745 ATLANTIC AVENUE	BOSTON MA 02111
TV	LAWRENCE, J.P.	745 ATLANTIC AVENUE	BOSTON MA 02111
CD	REESE, C.R.	745 ATLANTIC AVENUE	BOSTON MA 02111

800009048568

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
ROBERT BRANCH, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date **November 15, 2002**

11. 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]
Garry B. Watzke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

617-535-4766

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 821923 4321862

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 750.00

ORDER DATE : November 15, 2002

ORDER TIME : 9:59 AM

ORDER NO. : 821923-020

CUSTOMER NO: 4321862

CUSTOMER: Jeremy L. Lewis, Esq
Iron Mountain Information
745 Atlantic Avenue
10th Floor
Boston, MA 02111

RECEIVED
02 NOV 18 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: IRON MOUNTAIN INFORMATION
MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS