

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76482

1. Corporation Name

STORAGE PRODUCTS DISTRIBUTION, INC.

Principal Place of Business

6985 UNIVERSITY BLVD
WINTER PARK FL 32792-6713
US

Mailing Address

PO BOX 870068
MORROW GA 30287-0068
US

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

2. New Principal Office Address, If Applicable
6981 University Blvd.

Suite, Apt. #, etc.

City & State

Winter Park, FL
Zip 32792 Country USA

3. New Mailing Office Address, If Applicable
6981 University Blvd.

Suite, Apt. #, etc.

City & State

Winter Park, FL
Zip 32792 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1985

5. FEI Number

59-3372991

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CD	LASSITER, PAULA ANN MASTERS	3000 CORPORATE CENTER DR	MORROW GA
S	LEE EMMIE	3000 CORPORATE CENTER DR	MORROW GA
P	LEGAT, MARTIN G	6985 UNIVERSITY BLVD	WINTER PARK FL DELETE
P	Smith, Cathy L.	6985 University Blvd.	Winter Park, FL

8. Name and Address of Current Registered Agent

LEGAT, GEOFFREY M.
6985 UNIVERSITY BLVD.
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name
Daniel Pieplow
Street Address (P.O. Box Number is Not Acceptable)
6985 University Blvd.
Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32792

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

REGISTERED AGENT MUST SIGN

Date 4/16/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Typed Name