

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 17 PM 1:18
TALLAHASSEE, FLORIDA

DOCUMENT # H93659

1. Corporation Name

STUART EASY STORAGE, INC.

2. Principal Office Address - No P.O. Box #
325 RIDGEVIEW DR

Suite, Apt. #, etc.

City & State
PALM BEACH, FL

Zip
33480

Country
USA

3. Mailing Office Address
325 RIDGEVIEW DR

Suite, Apt. #, etc.

City & State
PALM BEACH, FL

Zip
33480

Country
USA

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **01/10/1986**

5. FEI Number **592723919**

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
NORMAN E MURPHY

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

Suite, Apt. #, Etc.

City
PALM BEACH

State
FL

Zip Code
33480

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Norman E. Murphy
REGISTERED AGENT MUST SIGN

Date **10/15/2007**

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
PD	NORMAN E MURPHY	325 RIDGEVIEW DR	PALM BEACH, FL 33480
SD	SARAH MURPHY	325 RIDGEVIEW DR	PALM BEACH, FL 33480

600110873788
10/17/07--01006--028 **600.00

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 contained in Chapter 119, 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:

Norman E. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN E MURPHY

10/15/2007

Date

561-842-6666

Daytime Phone #