


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 15 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # J56189                      |  |  |
| 1. Entity Name<br>MOBILE STORAGE, INC. |  |   |

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| Principal Place of Business<br>11746 GRACE'S WAY<br>CLERMONT, FL 34711 | Mailing Address<br>333 OAKWOOD AVE<br>3D<br>KETTERING, OH 45409 US |
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|  |   |   |  |
|--|---|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>333 Oakwood Ave<br>Unit 3D<br>Dayton, OH 45409<br>City & State<br>Zip | 4. FEI Number<br>59-2770415                               | Applied For<br><input type="checkbox"/> Not Applicable |
| Country  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>PARRISH, MARY E<br>11746 GRACE'S WAY<br>CLERMONT, FL 34711 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary E. Parrish DATE 3-10-07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$900.00</b> |  |
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|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VP<br>THOMPSON, LYLE V.<br>11746 GRACE'S WAY<br>CLERMONT, FL 34711 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | 300095801048 <input type="checkbox"/> Addition<br>04/04/07--01030--017 **900.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | DP<br>THOMPSON, VIRGINIA L.<br>11746 GRACE'S WAY<br>CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: LYLE THOMPSON DATE 2/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Mitchell MAR 15 2007