

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **102942**

1. Corporation Name **Father and Son Storage Warehouses  
of Orlando, Inc.**

Principal Place of Business

**607 Triumph Court  
Suite C  
Orlando, FL 32805**

Mailing Address

**Same**

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

2. New Principal Office Address, If Applicable  
**same**

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable  
**same**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/1/95**

5. FEI Number

**59-2978099**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Joseph Manzella	607 Triumph Ct. Ste. C	Orlando, FL 32805
STD	Louis Manzella	613 Hibiscus Drive	Hallendale, FL

**300002836843-6  
-04/12/99--01132--010  
\*\*\*\*900.00 \*\*\*\*300.00**

8. Name and Address of Current Registered Agent

**Hal Weissman  
1776 N. Pine Island Road  
Plantation, FL 33322**

9. Name and Address of New Registered Agent

Name  
**Joseph Manzella**  
Street Address (P.O. Box Number is Not Acceptable)  
**607 Triumph Court**  
Suite, Apt. #, Etc.  
**Suite C**  
City  
**Orlando**

State  
**FL** Zip Code  
**32805**

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

**Joseph Manzella**

REGISTERED AGENT MUST SIGN

Date

**4/1/99**

11. This corporation owes 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:

**Joseph Manzella, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/99**

**407  
290-2200**  
Daytime Phone #