

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # **L38736**

1. Corporation Name

FLORIDA SELF STORAGE INC.

FILED

02 OCT 25 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**37937 HEATHER PLACE
DADE CITY FL 33525
US**

Mailing Address

**37911 HEATHER PLACE
DADE CITY FL 33526-0618
US**



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1989

5. FEI Number

59-2992008

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
PD	GIBBS, A P	37937 HEATHER PLACE	DADE CITY FL 33525
STD	PHILPOT, SIDNEY G	832 S FLORIDA AVE.	LAKELAND FL
D	WHEELER, RICHARD	5904 16 ST	ZEPHYRHILLS FL 33525

300008594773
10/25/02--01066--021 **150.00

OK UBR

8. Name and Address of Current Registered Agent

**GIBBS, A P
37937 HEATHER PLACE
DADE CITY FL FL 33525**

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-21-02**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE:

A.P. Gibbs 10-21-02 (352) 567-8545

FLORIDA SELF STORAGE, INC.

P.O. Box 618
Dade City, Florida 33526
(352) 567-8545

October 21, 2002

**Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327**

Re: Florida Self Storage, Inc.

Dear Sirs:

Enclosed please find the completed Application for Reinstatement of the above mentioned corporation. This letter is to notify you that this corporation did not receive the two (2) prior uniform business report (UBR) notices. Also find enclosed our corporation's check in the amount of \$150.00 representing the fee for a for-profit corporation without penalty.

Sincerely,

~~FLORIDA SELF STORAGE~~

A. P. GIBBS
President