

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR -2 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M38814

**1. Corporation Name**

KNOX MINI STORAGE OF LAKE LAND, INC.

**2. Principal Office Address**

22739 Oak Tree Lane

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Broward

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9-22-86

**5. FEI Number**

59-2746162

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

ROGER STEPHENSON

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

2739 Oak Tree Lane

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33309

**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

*Roger Stephenson*  
Roger Stephenson

Date March 23, 2001

REGISTERED AGENT MUST SIGN

**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
P/D	Richard Keating	2397 SE 8th Street	Pompano Beach, FL 33062
S/T/D	Roger Stephenson	2739 Oak Tree Lane	Ft. Lauderdale, FL 33309

**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 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:**

*Roger Stephenson*  
Roger Stephenson

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954/739-2595

Date

Daytime Phone #

CR2E081 (9/00)