

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV -7 AM 11:18

DOCUMENT # M64514

1. Corporation Name

STORAGECRAFT, INC.

Principal Place of Business

211 NORTHSTART COURT  
SANFORD FL 32771  
US

Mailing Address

211 NORTHSTART COURT  
SANFORD FL 32771  
US



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

2. New Principal Office Address, If Applicable

2732 W. OBT  
Suite, Apt. #, etc.  
P.O. Box 220

3. New Mailing Office Address, If Applicable

25 Industrial Boulevard  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1988

5. FEI Number

59-2862724

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 3	City / State / Zip 4
DPS	DVORCHAK, DANIEL M.	1269 BRAMPTON PL	HEATHROW FL
PRES	RONALD J. MILLER	25 Industrial Boulevard	PAOLI, PA 19381
SVP	JONATHAN T. MARKS	25 Industrial Boulevard	PAOLI, PA 19301
SEC	MARGE MILLER	25 Industrial Boulevard	PAOLI, PA 19301
			400004698534--3 -11/29/01--01056--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DVORCHAK, DANIEL M.  
227 COASTLINE ROAD  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name  
Jonathan T. Marks  
Street Address (P.O. Box Number is Not Acceptable)  
2732 W. Orange Blossom Trail  
Suite, Apt. #, Etc.  
P.O. Box 220  
City  
Plymouth  
State  
FL  
Zip Code  
32768-5220

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

REGISTERED AGENT MUST SIGN

Date

10/31/2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan T. Marks 10/31/2001 610 296 9730

Date

Daytime Phone #

CR2E040 (8/01)



■ 211 Northstar Court  
Sanford, FL 32771  
407-380-1000 • Toll Free 800-736-9944  
Telefax 407-320-2560

VIA UPS OVERNIGHT #



- LOCKERS
- SHELVING
- PALLET RACKS
- MEZZANINES
- IN-PLANT OFFICES
- WIRE PARTITIONS
- WORK STATIONS
- SHOP EQUIPMENT
- STORAGE CABINETS
- LADDERS
- SLOTTED ANGLE
- STOOLS
- HAND TRUCKS
- PLASTIC BIN BOXES

November 6, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
(850) 488-9000

Re: Storagecraft, Inc. EIN#59-2862724

Dear Sir/Madame:

We did not receive the 2001 Annual Report/Uniform Business Report and thus could not have filed by your September 21, 2001 deadline. I have completed and enclosed the Application for Reinstatement enclosed and a check for \$150.00, with sincere hope the Administrative Dissolution will be expunged and immediate restatement of our good standing.

Please note the significant changes on Application for Reinstatement. I trust that these changes will be made and on file for next year so to avoid a similar problem.

Should you have any questions or wish to discuss this matter in further detail, please call me directly in my office at (610) 296-9730, Extension 118.

Cordially, I am,

A handwritten signature in black ink, reading "Jonathan T. Marks". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jonathan T. Marks  
Senior Vice President & CFO

Enclosures-Application for Reinstatement  
Check Number #697

*Over 60 years experience in the Storage & Materials Handling Industry*