


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M65510

1. Entity Name
ARCHIVE RECORD STORAGE, INC.




FILED

05 MAR -7 PM 1:00

12/14/04 01003 009 7500

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**581 INTERSTATE BLVD
SARASOTA, FL 34240**

Mailing Address
**581 INTERSTATE BLVD
SARASOTA, FL 34240**

2. Principal Place of Business
1830 APEX RD

3. Mailing Address
SAME

City, Apt. #, etc.
SARASOTA, FL.

Suite, Apt. #, etc.
/

City & State
/

City & State
/

Zip
34240

Country
USA

Zip
/

Country
/

02212005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0046464

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREENBERG, STEVEN R.
1549 RINGLING BLVD.
SUITE 10A
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
STEPHEN KRONFORST

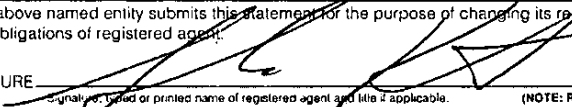
Street Address (P.O. Box Number is Not Acceptable)
1830 APEX ROAD

City
SARASOTA

FL

Zip Code
34240

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


(NOTE: Registered Agent signature required when reinstating)

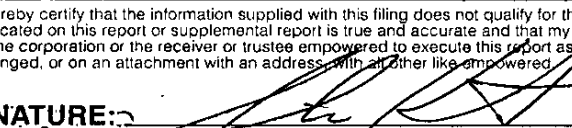
DATE
3/4/15

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONFORST, STEPHEN J. 5211 LAKE VILLAGE DR. SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, BERNADINE 5211 LAKE VILLAGE DR. SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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03/15/05--01027--019 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/4/15

Daytime Phone #
941 378-8995