

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 AUG 10 PM 12:28

DOCUMENT # N04000010376

1. Corporation Name

Ortega Storage Condominium Association, Inc.

300159426073  
08/10/09--01046--019 \*\*700.00

KS

2. Principal Office Address - No P.O. Box #

4196 Herschel Street

3. Mailing Office Address

4196 Herschel Street

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

United States

Zip

32210

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/2004

5. FEI Number  
352215493

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

John T. Thornton

Street Address (P.O. Box Number is Not Acceptable)  
4196 Herschel Street

Suite, Apt. #, Etc.  
Suite 2

City

Jacksonville

State  
FL

Zip Code  
32210

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date \_\_\_\_\_

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
DP	John T. Thornton	4196 Herschel Street	Jacksonville, FL 32210
DVT	John Weyer	4168 Oxford Ave.	Jacksonville, FL 32210
DS	Thomas Thornton	4196 Herschel Street	Jacksonville, FL 32210

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 contained in Chapter 119, 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:

John T. Thornton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #