

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 26 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012292

1. Corporation Name

nStorage Solutions, Inc.

PO Box 4363

PO Box 4363

2. Principal Office Address

PO Box 4363

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33402

Country

USA

3. Mailing Office Address

PO Box 4363

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33402

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida January 24, 2000

5. FEI Number

65-0973391

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

B. Martin Atkins

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

1831 S.W. 136th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33325

REINSTATEMENT 01-04

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

[Signature]

Date October 25, 2004

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/C/D	B. Martin Atkins	PO Box 4363	West Palm Beach, FL 33402
T/S/D	Missy J. Atkins	PO Box 4363	West Palm Beach, FL 33402

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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:

[Signature]

10/25/2004

561.352.8847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E081 (01/04)