

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 23 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037181

1. Corporation Name

AA Storage, Inc.

200102360972
05/15/07--01001--023 **1050.002. Principal Office Address - No P.O. Box #
1404 W. Olive ST

Suite, Apt. #, etc.

City & State
Lakeland, FLZip
33815Country
Polk3. Mailing Office Address
23 Jennifer CT

Suite, Apt. #, etc.

City & State
Mandeville, LAZip
70448Country
ST Tammany**REINSTATEMENT** 05-07
CR2E081 (1/07)4. Date Incorporated or Qualified
To Do Business in Florida 04/07/20005. FEI Number
74-3058667Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Business Filing IncorporatedStreet Address (P.O. Box Number is Not Acceptable)
1203 Governor Square Blvd.Suite, Apt. #, Etc.
Suite # 101City
TallahasseeState
FLZip Code
32301-2960☒ 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 AgentMary Jo Spalinger, Asst. Sec.
Business Filings Incorporated
REGISTERED AGENT MUST SIGN

Date 4-12-07

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
Pres	David A. Mitchell	23 Jennifer Ct.	Mandeville, LA 70448

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: David A Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A Mitchell

4/11/07

Date

985 237-5899

Daytime Phone #

704/25