## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

## P00000104565 **DOCUMENT #**

1. Corporation Name

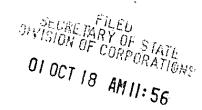
STORAGE PROPERTIES OF FLORIDA, INC.

Principal	Place	of	Business

SIGNATURE:

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



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10-15-01 850-385-2624

1963 VILLAGE GREEN WAY SUITE A 1963 VILLAGE TALLAHASSEE FL 32308 TALLAHASSEE			E Green way suite a E FL 32308						
- مدمدة	addrone == 5 :	Incorrect in any way line	through incorrect in	nformation :	and enter correction below	 	METATEMEN		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				4. Date incom	orated or Qualified				
Suite, Apt. #, etc. Suite, Apt. #.		, etc.			11/00	8/2000			
City & State City & State				5. FEI Numbe	3680188	Applied For Not Applicable			
Zip		Country	Zip		Country	6. CERTIFICATE		Additional Fee required a Certificate of Status	
7. Names	and Street Ac	Idresses of Each Officer	and/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eacl Officer and/or Directo		City / State	/ Zip	
D			1963 VILLAGE GREEN WAY SUITE A		TALLAHASSEE FL 32308				
							00004650	1500	
							00004658 -10/29/010 ****750.00	1102022 ****750.00	
.,						100			
,						19 10	24		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
COLEMAN, ANTHONY G JR/ 1963 VILLAGE GREEN WAY SUITE A TALLAHASSEE FL 32308		1963-	Street Address (P.O. Box Number is Not Acceptable)  963- A VIII AGE GREW Way  Suite, Apt. #, Etc.						
10. I, being Signature of Registered	of (	ne registered agent of the	above named corp	1 1 2 1	familiar with and accept the control of the control	HWSS Coolingations of Sect	State FL ion 607.0505, F.S.	Zip Code 32308	
this rein	nstatement ag	plication, the reason for o	eceiver or trustee e	mpowered t	o execute this application as , the corporate name satisfies	the requirements	apter 607 or 617, F.S. I further ce s of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. The	1, F.S., that all fees	