

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 AM 11:56

**DOCUMENT # P0000104565**

1. Corporation Name

**STORAGE PROPERTIES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

1963 VILLAGE GREEN WAY SUITE A  
TALLAHASSEE FL 32308

1963 VILLAGE GREEN WAY SUITE A  
TALLAHASSEE FL 32308



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3680188

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PELHAM, RANDY V	1963 VILLAGE GREEN WAY SUITE A	TALLAHASSEE FL 32308
			000004658150--0 -10/29/01--01102--022 ****750.00 ****750.00

*JP 10/26*

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

Name **RANDY Pelham**  
Street Address (P.O. Box Number is Not Acceptable)  
**1963-A VILLAGE GREEN WAY**  
Suite, Apt. #, Etc.  
City **Tallahassee** State **FL** Zip Code **32308**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10-15-01**

11. 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)(f), 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]* **Randy Pelham** **10-15-01** **850-385-2624**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)