

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000030232

1. Entity Name
AFFORDABLE SECURED STORAGE, INC.



Principal Place of Business
15645 PINE RIDGE ROAD
FORT MYERS, FL 33908

Mailing Address
15645 PINE RIDGE ROAD
FORT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092008

REIN-P

CR2E098 (1/07)

4. FEI Number

Applied For

20-8633577

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONIDARIS, MICHAEL
7918 SANDELWOOD CIRCLE WEST
FORT MYERS, FL 33908

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MICHAEL CONIDARIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Condaris 10/20/08
10/09/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CONIDARIS, MICHAEL
STREET ADDRESS 7918 SANDELWOOD CIRCLE WEST
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition
NAME 200136896018
STREET ADDRESS 10/14/08--01023--002
CITY-ST-ZIP **150.00

TITLE VP ☐ Delete
NAME CONIDARIS, ANN
STREET ADDRESS 7918 SANDELWOOD CIRCLE WEST
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 136, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 137, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CONIDARIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Condaris 10/09/08

239-415-7671

Date

Daytime Phone #

FILED

2008 OCT 22 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
2008