

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009
[Signature]

DOCUMENT # P07000072938

1. Corporation Name

Provost Rentals & Storage, Inc.

REINSTATEMENT

500152084375
04/23/09--01029--012 **750.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

5334 Provost Drive

3. Mailing Office Address

5334 Provost Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34690

Country

USA

Zip

34690

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/22/2007

5. FEI Number
260411008

☐ 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

Timothy C. Schuler

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

9075 Seminole Boulevard

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

☐ 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 Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4.20.09

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	Lloyd Goldman	5300 Skyland Drive	Holiday, FL 34690

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/15/09

Daytime Phone #

9784792156