

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10467

1. Corporation Name

U-Store-It Mini Warehouse Co.

Principal Place of Business

Mailing Address

**6745 Engle Road, Suite 300
Middleburg Heights, Ohio 44130**

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/86

5. FEI Number

34-1203634

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Robert J. Amsdell	6745 Engle Road , Suite 300 Middleburg Hts., OH 44130	
Treasurer			
Director			
VP/ Director	Barry L. Amsdell	6745 Engle Road , Suite 300 Middleburg Hts., OH 44130	
Secretary	Steven G. Osgood	6745 Engle Road, Suite 300 Middleburg Hts., OH 44130	
Assistant Secretary	Patricia A. Rocewicky	6745 Engle Road, Suite 300 Middleburg Hts., OH 44130	

8. Name and Address of Current Registered Agent

**CT Corporation System
c/o CT Corporation System
1200 South Pine Island
Plantation, Florida 33324**

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

4/7/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(i), 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:

Patricia A. Rocewicky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Rocewicky, Assistant Secretary

4/6/98
Date

440-234-0700
Daytime Phone #

FILED

98 APR -7 PM 12:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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******900.00 ****300.00**

REINSTATEMENT

97-98

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