PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 JAN -3 PM 1:35

DOCUMENT # P93000063125

1. Corporation Name

PONTE VEDRA MINI STORAGE, INC.

Principal Place of Business	Mailing Address
5150 PALM VALLEY RD ~~BLDG 2 STE 100~~ PONTE VEDRA BEACH FL 32082	5150 PALM VALLEY RD ~~BLDG 2 STE 100~~ PONTE VEDRA BEACH FL 32082 US

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/10/1993

5. FEI Number: 59-3202012 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ZYSKI, JEROME J	12305 ARBOR DRIVE	PONTE VEDRA BEACH FL
V	ROGERS, J R	8010 WHISPER LAKE LN	PONTE VEDRA BEACH FL

000004775790--1
01/15/02 01048-011
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ZYSKI, JEROME J 12305 ARBOR DR. PONTE VEDRA BEACH FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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 _____ Date 10/19/01
REGISTERED AGENT MUST SIGN

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)(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: _____ Jerry Zyski 10/19/01 (904) 280 3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #