

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV -6 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC13000082031

1. Corporation Name

SHIPP'S STORAGE, INC.
1274 E. Norvell Bryant Hwy.
Hernando, FL 34442

Principal Place of Business

Mailing Address

Same as Block 1

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

November 22, 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3223120

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	JACK CRITTENDEN	1274 E. Norvell Bryant Hwy.,	Hernando, FL 34442
Sec/ Tres.	BONNIE CRITTENDEN	1274 E. Norvell Bryant Hwy.,	Hernando, FL 34442

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-11/13/98-01031-016
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARY W. SHIPP
1274 E. Norvell Bryant Hwy.
Hernando, FL 34442

(Prior To October 15, 1998)

Name

JACK CRITTENDEN - effective 10/15/98

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

1274 E. Norvell Bryant Hwy.

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

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

Jack Crittenden
JACK CRITTENDEN

REGISTERED AGENT MUST SIGN

Date

NOVEMBER 4, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Jack Crittenden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK CRITTENDEN

November 4, 1998

Date

(352) 726-7653

Daytime Phone #

CR2E0403 (98)