## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION **FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda Hitood

Secretary of State

DIVISION OF CORPORATIONS

#### P94000016764 **DOCUMENT #**

1. Corporation Name

#### APALACHICOLA SELF STORAGE, INC.

Principal Place of Business

Mailing Address

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41 COMMERCE STREET APALACHICOLA FL 32320			178 AVENUE C APALACHICOLA FL 32320							
lf ahove s	ıddresses are	incorrect in any way, line th	rough incorrect is	nformation and enter	correction below	REMS	TAISME		07-04	322L)
		Address, If Applicable		ling Office Address, if Applicable		Date Incorporated or Qualified     To Do Business in Florida     03/03/1994				
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Numbe	<u></u>	00/03	Applied F	or
City & State			City & State			59-3233470 Not Applic				
Zip		Country	Zip	Count	у	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 / for a	Additional Fee re Certificate of St	quired == atus
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)		<del>-</del>		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
P	WATKINS, J. BEN			41 COMMERCE STREET			APALACHICOLA FL 32320			
S	SIPRELL, L. ROBERT			178 AVE C			APALACHICOLA FL 32320			
					· ·		<del>002709</del> 04010330			****
						04/207	1002709 104010160	15U r 121 **	<u> 150.00</u>	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
178 A\	LL, L. ROBR /E C .CHICOLA-F		يني فسف نيدي		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt.,#, Etc.					CR2E040 (7/03)
					City	State Zip Code			Zip Code	
10. I, being		e registered agent of the ab			vith and accept the o	obligations of Sec	tion 607.0505, F.S. or 6		,	

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 filling 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.

REGISTERED AGENT MUST SIGN