

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

DOCUMENT # P94000037495

1. Corporation Name

AAA STORAGE OF BREVARD, INC.

2. Principal Office Address

P.O. BOX 99

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32902-0099

Country

USA

3. Mailing Office Address

P.O. BOX 99

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32902-0099

Country

USA

REINSTATEMENT 97-04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 05/18/1994

5. FEI Number

593246766

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

CURTIS R. MOSLEY, ESQ.

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

1221 EAST NEW HAVEN AVENUE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

100012162894
10/25/04--01090--026 **1808.75

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

Date 10/20/04

REGISTERED AGENT MUST SIGN

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/vp/t/s	ANDREW R. LAIKIN	P.O. BOX 99	MELBOURNE, FL 32902-0099

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 under section 119.07(3)(l), 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:

Andrew R. Laikin
ANDREW R. LAIKIN 10/20/04

321-727-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/04)