PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

99-01UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 25 PM 2:14

DOCUMENT # P95000095586

1. Corporation Name
Big Boy Toy Storage of Melbourne, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3161 Skyway Circle	3161 Skyway Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Fl.	City & State: Melbourne, Fl.
Zip: 32934 Country:	Zip: 32934 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12-19-1995

5. FEI Number: 59-3364153 ☐ 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: James Hines

Street Address (P.O. Box Number is Not Acceptable): 3161 Skyway Circle

900004448499--7
-06/28/01--01010--005
****450.00 ****450.00

Suite, Apt. #, Etc.:

City: Melbourne State: FL Zip Code: 32934

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: James Hines
REGISTERED AGENT MUST SIGN

Date: 5-23-01

CR2E081 (9/00)

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
Pres.	James G Holmes	21454 Whitewood Dr. W.	Steamboat Springs, CO 80477
Sec, Treas.	Vicki L. Holmes	21454 Whitewood Dr. W.	Steamboat Springs, CO 80477
			AD

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)(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: James Hines 5-23-01 321-259-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #