

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

98 NOV 19 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043924**

1. Corporation Name

**SMART STOP OF LAUDERDALE LAKES, INC.**

Principal Place of Business

Mailing Address

2584 N STATE ROAD 7  
LAUDERDALE LAKES FL

2584 N STATE ROAD 7  
LAUDERDALE LAKES FL

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

05/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0670178

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JABR, OMAEY	9568 LANCASTER PLACE	BOCA RATON FL

300002699373--0  
-12/01/98--01079--015  
\*\*\*\*150.00 \*\*\*\*150.00

11/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES J GOLDMAN PA  
601 S FEDERAL HWY  
HOLLYWOOD FL 33020

Name

LOUI JABR

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

21446 TOWNLAKES DR

Suite, Apt. #, Etc.

City

BOCA RATON FL

State

FL

Zip Code

33434

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/12/98

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98  
Date

954-486-6008  
Daytime Phone #

CR2E040 (9/98)

MARK WOLFSON CPA, P.A  
130 SOUTH UNIVERSITY DRIVE  
PLANTATION, FLORIDA 33324  
TELEPHONE: (954) 475-8670 FAX: (954) 475-8788

November 12, 1998

REF: SMART STOP OF LAUDERDALE LAKES, INC.

Dear Sir/Madam:

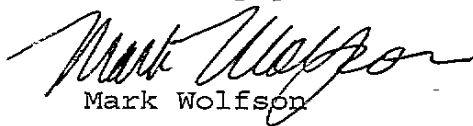
Enclosed please find the completed reinstatement form for SMART STOP OF LAUDERDALE LAKES, INC.. Also please find a check for \$150.00 for the initial annual report fees.

The client absolutely did not receive the original annual report and was not aware that one should be filed each year. Also please note that the client has filed and paid all applicable taxes in a timely fashion. Please accept this check and reinstate this client.

Thank you in advance for your cooperation in this matter.

If I can be of any further assistance, please do not hesitate to contact my office at the above address.

Sincerely yours,

  
Mark Wolfson