

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:38

DOCUMENT # P97000065245

1. Corporation Name

NORTH NAPLES STORAGE, INC.

Principal Place of Business

ATTN: GORDON SUNDIN
15600 OLD 41
BONITA SPRINGS FL 34110

Mailing Address

ATTN: GORDON SUNDIN
15600 OLD 41
BONITA SPRINGS FL 34110



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
15600 Old 41

City & State
Naples, FL

Zip 34110 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
15600 Old 41

City & State
Naples, FL

Zip 34110 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1997

5. FEI Number

58-2348519

Applied For

Not Applicable

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	4 City / State / Zip
DPT	REILING, WILLIAM S	2265 COMO AVE.	ST. PAUL MN 55108
DVS	COMMERS, DANIEL	2265 COMO AVE.	ST. PAUL MN 55108

800003035518--6
11/04/99 01088-015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

VOGEL, JAMES D
3936 TAMiami Trl., N.
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-26-99

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-99

Date

941-262-2211

Daytime Phone #

AD