

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000065245**

1. Corporation Name

NORTH NAPLES STORAGE, INC.

FILED
02 NOV 18 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

ATTN: GORDON SUNDIN
15600 OLD 41
NAPLES FL 34110

ATTN: GORDON SUNDIN
15600 OLD 41
NAPLES FL 34110

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

07/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Scott Clover
2575 N. Fairview Avenue #2500

5. FEI Number

58-2348519

Applied For

Not Applicable

City & State

City & State

Roseville, MN

Zip

Country

Zip

Country

55113

USA

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
			700009048577

REINSTATEMENT 02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-15-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-02

Date

239-262-2211

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 823695 10250A

AUTHORIZATION :

Patricia Figueroa

COST LIMIT : \$ 750.00

ORDER DATE : November 18, 2002

ORDER TIME : 10:45 AM

ORDER NO. : 823695-005

CUSTOMER NO: 10250A

CUSTOMER: Ms. Chris L. Wohlbrandt
Vogel Law Office
3936 Tamiami Trail North
Midwest Title Building, Suite
Naples, FL 34103-3592

RECEIVED
02 NOV 18 AM 11:44
DEPARTMENT OF STATE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NORTH NAPLES STORAGE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____