

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR



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

FILED

00 OCT 30 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013779**

1. Corporation Name

GUARDIAN PERSONAL STORAGE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

160 OLD STATE ROAD
BALLWIN MO 63021

160 OLD STATE ROAD
BALLWIN MO 63021

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

02/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2418616

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ARMSTRONG, ROBERT N	160 OLD STATE ROAD	BALLWIN MO 63021
V	ZMENAK, EMILE C	87 LAKE ST	GRIMSBY, ONT, CANADA
			7000003465397--5 -11/15/00--01121--027 *****141.25 *****141.25
			7000003465397--5 -11/15/00--01121--028 *****8.75 *****8.75
			004BR

8. Name and Address of Current Registered Agent

CONROY, J T III
MORRISON & CONROY, P.A.
3838 TAMiami TRAIL NORTH #402
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name
Robert Armstrong
Street Address (P.O. Box Number is Not Acceptable)
160 Old State Rd.
Suite, Apt. #, Etc.
City
St. Louis State
MO Zip Code
63021

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

Robert Armstrong
REGISTERED AGENT MUST SIGN

Date **10-23-00**

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:

Robert Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00 **136-394-5810**
Date Daytime Phone #

Page 2 of 2

10/20/2000

Division of Corporations
Florida Department of State

Subject: Gaurdian Personal Storage of Southwest Florida, LTD.
Reference to: Document Number – A98000000404.

To whom it may concern:

According to our records, we never received any billing in regards to payment of our certification. We were surprised to see your revocation certificate, but was informed by Bian', your secretary, that this letter would be enough to reinstate our authority to transact business of said limited partnership, and evate any subsequent fee. Our balance of \$141.25 is enclosed. We apolagize for any inconvenience caused, and are now aware of the annual payment date which will be resolved with or without documentation from your end. Thank you for your cooperation.
Please call me at (636) 394-7000 if you need any further information.

Representative of Gaurdian Personal Storage,
Jennifer Armstrong