

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000009090

1. Corporation Name

LAKE MARY MINI STORAGE, INC.

Principal Place of Business

239 SEMINOLE AVE.
LAKE MARY FL 32746

Mailing Address

239 SEMINOLE AVE.
LAKE MARY FL 32746

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

Suite, Apt. #, etc.

1110 Emma Oaks Trail

City & State
Lake Mary, FL

Zip
32746

Country
Seminole

Suite, Apt. #, etc.

1110 Emma Oaks Trail

City & State
Lake Mary, FL

Zip
32746

Country
Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1999

5. FEI Number

59-3569683

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
D	YOUNG, WILLIAM H	239 SEMINOLE AVE.	LAKE MARY FL 32746
			4000004669784--9
			-11/06/01--01089--001
			***158.75 ***158.75

8. Name and Address of Current Registered Agent

YOUNG, WILLIAM H
239 SEMINOLE AVE.
LAKE MARY FL 32746

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

William H. Young

REGISTERED AGENT MUST SIGN

Date

Oct. 12, 2001

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:

William H. Young

10-12-2001

407 805 3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (8/01)

2al2

**LAKE MARY MINI STORAGE
1110 EMMA OAKS TRAIL
LAKE MARY, FL 32746
407 805 3100**

Oct. 12, 2001

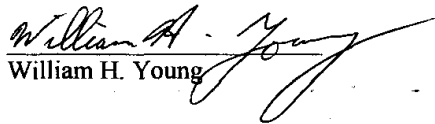
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

I have enclosed the completed "Application For Reinstatement Form" and the fee of \$158.75 (\$150.00 Filing Fee plus \$8.75 for a Certificate of Status). I received your "Notice of Administrative Dissolution Or Revocation" on Oct. 11, 2001 but never received the UBR form nor the "Second Notice". I phoned your office on Oct. 12, 2001 and was told to remit the above fees and explain that I had not received the above form and notice. I hope this remedies this problem but I am concerned that I did not receive the information in the mail, the address you used was and still is my home address. I have changed the address on the form to my new business address which opened on May 11, 20001.

Thank you for your attention in this matter.

Sincerely,


William H. Young