

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 12:06

DOCUMENT # P99000016142

1. Corporation Name

NEW CONCEPTS STORAGE, INC.

Principal Place of Business

Mailing Address

11155 TAMIANI TAX SO  
NORTH PORT FL 34287

P.O. BOX 7516  
NORTH PORT FL 34287



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

02/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0897189

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	4 City / State / Zip
V/D	PIPER, ROBERT G	533 CHEVAL DR.	VENICE FL 34292
P/D/T	GOMOLA, ROBERT S	308 STONE BRIAR CREEK DR.	VENICE FL 34292
V/D	ELLCOTT, RONALD	<del>4581 AMANDA AVE</del> 4875 JACARANDA HOTS DR	<del>NORTH PORT FL 34288</del> VENICE, FL 34293
			500004653925--5 -10/25/01--01081--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gomola  
GOMOLA, ROBERT S  
308 STEVE BRIAR CK DR  
VENICE FL 34292

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10/11/01

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

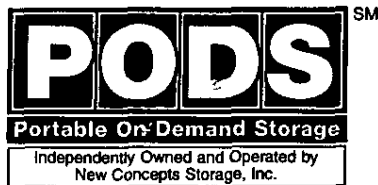
Date

Daytime Phone #

10/11/01

CR2E040 (8/01)

New Concepts Storage, Inc. d/b/a PODS<sup>SM</sup>  
11155 Tamiami Trail South  
Venice, Florida 34287



To Order a POD<sup>SM</sup> or for Pickup/Delivery  
**1-888-776-PODS (7637)**  
For Billing Questions (941) 426-6723

October 11, 2001

Department of State  
Division of Corporations

TO WHOM IT MAY CONCERN:

Today I called your offices to determine why I was not receiving notices to file as shown in your correspondence. But, there really is not an answer. I am the registered agent and president of the Corporation and I have absolutely no recollection of receiving documents.

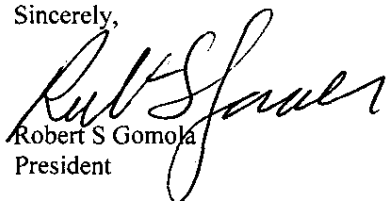
I explained this to one of your counselors and she suggested that I send a check for \$150.00 and you would review the situation and inform me if this was not satisfactory.

Truthfully I'm still confused as to who initiates the paperwork; do you send us the forms prior to January of each year or do I get the form at a post office or from our accountant or what?

This happened one other year and I'm sure I would have responded knowing there would be a penalty if the report is not filed.

Thank you for your advise.

Sincerely,

  
Robert S Gomola  
President