

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000095696

1. Corporation Name

ABSOLUTE STORAGE PRODUCTS, INC.

Principal Place of Business

800 W. LANDSTREET RD.
ORLANDO FL 32824

Mailing Address

800 W. LANDSTREET RD.
ORLANDO FL 32824

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1999

5. FEI Number

APPLIED FOR

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PD	REECE, BRIAN C	800 W. LANDSTREET RD.	ORLANDO FL 32824
VPD	REESE, MARY	800 W LANDSTREET RD	ORLANDO FL 32824
VPO	FUCKER, STANLEY		

8. Name and Address of Current Registered Agent

LEKEM, JOHN-A
15 S. MAGNOLIA AVE.
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name REECE, BRIAN C.
Street Address (P.O. Box Number is Not Acceptable)
800 W LANDSTREET RD
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32824

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

Brian C. Reece

Date 10/21/01

REGISTERED AGENT MUST SIGN

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:

Brian C. Reece

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/01

Date

407 885 1000

Daytime Phone #

FILED

01 NOV -8 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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***700.00 City/State/Zip ***700.00

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