

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -1 PH 3:19

DOCUMENT # 099000101951

1. Corporation Name  
Father & Son Storage Warehouses of  
South Florida, Inc.

2. Principal Office Address

5861 SW. 21st St

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

Country

33023

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-22-99

5. FEI Number

65-0967167 091912

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jill Ginsberg PL

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

3875 AMALFI Dr.

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	JANE MANZELLA	4000 N.E. 168 St. #108	North Miami Bch, FL 33023

SP

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-01 (954) 961-9696

CR2E001 (8/00)

# FATHER & SON

Storage Warehouses  
of Orlando, Inc.



"Since 1908"

pg 2 of 2

5861 S.W. 21<sup>st</sup> Street  
Hollywood, Florida 33023

Dade (305) 634-4200

Brow (954) 359-7700

Boca (561) 244-7770

July 31, 2001

Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern,

Gentlemen:

Please be advised that we never received notice to file the annual reports for the corporation, nor did my registered agent inform me of same.

We apologize for our lateness and be assured it will not be repeated.

Your cooperation is most appreciated.

Respectively

FATHER & SON

JANE MANZELLA  
President

JM/ekc