

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 AM 9:47

DOCUMENT # S63443

1. Corporation Name

Cubic Storage & Office Systems, Inc.

2. Principal Office Address - No P.O. Box #

819 Blue Heron Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 398

Suite, Apt. #, etc.

City & State

Ruskin, Fl.

City & State

Ruskin, FL.

Zip

33570

Country

USA

Zip

33575

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida 1991

5. FEI Number
59-3073640

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

Richard J. Samit

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

819 Blue Heron Blvd

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33570

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 3-4-2010

REGISTERED AGENT MUST SIGN

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
P	Darlene G. Samit	819 Blue Heron Blvd	Ruskin, FL. 33570
V	Richard J. Samit	819 Blue Heron Blvd	Ruskin, FL. 33570

10. E-mail Address: sales@cubicsystemsinc.com

(To be used for future annual report notification)

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. I further certify, 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:

Darlene G. Samit President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2010

Date

813-289-7795

Daytime Phone #