

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50675

1. Corporation Name
PREMIER RV. STORAGE INC.

2. Principal Office Address
PO. Box 8725
MARIGOLD DRIVE

3. Mailing Office Address
PO. Box 8725
MARIGOLD DRIVE

City & State
NEW Port Richey
Zip
FL 34654

City & State
NEW Port Richey
Zip
FL 34654

4. Date Incorporated or Qualified
To Do Business in Florida 593393316 ?
5. FEI Number 593393316
Applied For ☐ Not Applicable ☐
CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROGER DOMBROWSKI F
Street Address (P.O. Box Number is Not Acceptable)
8725 MARIGOLD DRIVE
Suite, Apt. #, Etc.
NEW Port Richey FL 34654
City NEW Port Richey State FL Zip Code 34654

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

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/D	DOMBROWSKI ROGER F	8725 MARIGOLD DR	NEW Port Richey FL
V/P	HOLLAND CATHY E	8725 MARIGOLD DR.	NEW Port Richey FL
S	DOMBROWSKI EVELYN A	4850 Bay Port Dr	Port Richey FL

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08/25/06--01029--006 **1200.00

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 contained in Chapter 119, 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:

Roger Dombrowski ROGER DOMBROWSKI 8/15/06 (727) 856 3768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell AUG 23 2006