

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 13 PM 1:52

DOCUMENT # V50675

1. Corporation Name

PREMIER R. V. STORAGE, INC.

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

8725 Marigold Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8725 Marigold Drive

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

New Port Richey

Zip

34654

Country

United States

Zip

34654

Country

United States

000184291670
08/12/10--01037--014 **1200.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1992

5. FEI Number
59-3393316

☐ 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

ROGER F. DOMBROWSKI

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

8725 Marigold Drive

Suite, Apt. #, Etc.

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

R. F. Dombrowski

REGISTERED AGENT MUST SIGN

Date

8/9/10

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
PD	Roger F. Dombrowski	8725 Marigold Drive	New Port Richey, Florida 34654
VD	Cathy E. Holland	8725 Marigold Drive	New Port Richey, Florida 34654
S	Evelyn M. Dombrowski	4850 Bay Port Drive	Port Richey, Florida 34668

REINSTATE

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10. E-mail Address:

None Available

(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:

R. F. Dombrowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/10 (227) 919 1439

Daytime Phone #