

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A28869

LIMITED PARTNERSHIP REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY 21 PM 1:54

DOCUMENT # A28869 9/29/00

1. Name of Limited Partnership
Public Storage Institutional Fund III,
ACA Limited Partnership

100004338781--9
 -06/01/01--01092--026
 ***500.00 ***500.00

2. Principal Office Address
701 Western Avenue
 Suite, Apt. #, etc.
#200
 City & State
Glendale CA
 Zip Country
91201 USA

3. Mailing Office Address
701 Western Avenue
 Suite, Apt. #, etc.
#200
 City & State
Glendale, CA
 Zip Country
91201 USA

4. Date Formed or Registered To Do Business in Florida 9/11/1989

5. FEI Number 95-4147611 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:
103,000,000

7b. Amount of Capital Contributions in FLORIDA to date:
6,462,117

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301-2525

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<u>PSI Institutional Advisor, Inc</u>	<u>701 Western Avenue</u>	<u>Glendale CA</u>	<u>91201</u> <u>100004338781--9</u> <u>-06/01/01--01092--027</u> <u>***1552.50 ***1552.50</u>
<u>PS Texas Holdings, LTD.</u>	<u>701 Western Avenue</u>	<u>Glendale CA</u>	<u>89700000298</u>

REINSTATEMENT 2000-01 sup fees 177.50 2052.50 up

Penalty 1000.9/20/01
 2000 437.50
 2001 437.50
 2002 437.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE M. Moffitt Corporate Gen. Partner Vice President DATE 3/30/01

Typed or Printed Name of General Partner Signing Form Michelle Moffitt Telephone Number 88-244-8080