


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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| LIMITED PARTNERSHIP REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | 2014 AUG 29 A 10:32 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E039 (1/11) 08-14 | |
| DOCUMENT # A26523 1. Name of Limited Partnership -SUNSET MINI-STORAGE PARTNERS-LTD- | | | | | |
| 2. Principal Office Address - No P.O. Box # 2795 E. Cottonwood Pkwy Suite, Apt. #, etc. Suite 400 City & State Salt Lake City, UT Zip 84121 Country USA | | 3. Mailing Office Address 2795 E. Cottonwood Pkwy Suite, Apt. #, etc. Suite 400 City & State Salt Lake City, UT Zip 84121 Country USA | | | |
| 4. Date Formed or Registered To Do Business in Florida 6/7/1988 | | 5. FEI Number 65-0064305 Applied For Not Applicable | | | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | | 7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. | |
| 8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION FL Zip Code 33324 E-mail Address: slindsey@extraspaces.com <small>E-Mail address to be used for future annual report notices.</small> | | | | | |
| 9. Pursuant to the provisions of section 620.1810 or 620.1806, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u>Connie Buser</u> DATE <u>8/29/2014</u> (REGISTERED AGENT MUST SIGN) | | | | | |
| 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) ESS PRISA LLC | | Address of Each General Partner (Do NOT Use Post Office Box Number!) 2795 E. Cottonwood Pkwy, #400 | | City, State and Zip Code Salt Lake City, UT 84121 | |
| | | | | 10b. Registration Document Number M05000003677 | |
| REINSTATEMENT | | | | | |
| 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 exemption contained in Chapter 119, Florida Statutes, because the Division of Corporations has my liability of non-compliance with Chapter 119, Florida Statutes, 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 effect 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. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in §17.155, F.S. | | | | | |
| SIGNATURE <u>Charles L. Allen</u> DATE <u>8/6/2014</u> | | | | Telephone Number <u>801-562-5556</u> | |
| Type or Print Name of General Partner Signing Form <u>Charles L. Allen</u> | | | | | |

B. BOSTICK

SEP - 8 2014

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: **REINSTATEMENT**
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please file Reinstatement 1st before Amendment Filing H14000203800

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Please give to: Karen Saly

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LP/LLP REINSTATEMENT
SUNSET MINI-STORAGE PARTNERS, LTD.

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8/29