

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F00000005800

1. Corporation Name

STORAGWORLD PROPERTIES GP NO. 4 CORP.

Principal Place of Business

Mailing Address

C/O STORAGWORLD, L.P.
33 SOUTH CATALINA AVE., SUITE 201
PASADENA CA 91106

C/O STORAGWORLD, L.P.
33 SOUTH CATALINA AVE., SUITE 201
PASADENA CA 91106

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2000

5. FEI Number

95-4825798
APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	HORNE, HUGH W	33 SOUTH CATALINA AVE., SUITE 20	PASADENA CA 91106
VD	POTTER, MARK B	WORLD TRADE CENTER, TWO SEAPORT	BOSTON MA 02210
S	FINNEGAN, JAMES J	WORLD TRADE CENTER, TWO SEAPORT	BOSTON MA 02210
T	FOGARTY, ELIZABETH	WORLD TRADE CENTER, TWO SEAPORT	BOSTON MA 02210
D	CHADWICK, WILLIAM J	11601 WILSHIRE BLVD., SUITE 2240	LOS ANGELES CA 90025
D	DAVIDSON, MARC L	WORLD TRADE CENTER, TWO SEAPORT	BOSTON MA 02210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

000004631590--6

Suite, Apt. #, Etc.

-11/21/01--01099--00875

City

****758.75

****758.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
TARA COFER
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/16/2001

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01

(622) 6833352