

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K45742

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: PALMA CEIA AIR-CONDITIONED SELF-STORAGE, INC.

## Current Principal Place of Business:

3225 SOUTH MACDILL AVENUE  
SUITE #135  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3825 HENDERSON BLVD.  
208  
TAMPA, FL 33629 US

## New Mailing Address:

3225 SOUTH MACDILL AVENUE  
SUITE 135  
TAMPA, FL 33629 US

FEI Number: 59-2980343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REIBER, SAM  
601 E. TWIGGS ST.  
STE 200  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

MYERS, CLIFFORD  
3225 SOUTH MACDILL AVENUE  
SUITE 135  
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLIFFORD MYERS

04/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MYERS, CLIFF  
Address: 3825 HENDERSON BLVD. #208  
City-St-Zip: TAMPA, FL 32629

Title: VP ( ) Delete  
Name: MYERS, SHANNON  
Address: 3225 S MACDILL AVE  
City-St-Zip: TAMPA, FL 32629

Title: D ( ) Delete  
Name: REIBER, SAM  
Address: 3821 HENDERSON BLVD.  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MYERS, CLIFF  
Address: 3225 SOUTH MACDILL AVENUE  
City-St-Zip: TAMPA, FL 32629

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON MYERS

VP

04/07/2006

Electronic Signature of Signing Officer or Director

Date