

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 6:51

1. DOCUMENT # L00000008265

Name and Mailing Address

0015098 01 AB 0.301 **AUTO T6 3 0615 34461-771927



FEDERAL STORAGE, LLC
1227 S. LECANTO HWY.
LECANTO FL 34461-7719

800024528888
11/10/03--01006--016 **155.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1227 S. LECANTO HWY. LECANTO FL 34461		5. Date Organized or Qualified To Do Business in Florida 07/13/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1023298 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BARNES, G MAX 441 NE 1ST STREET P O BOX 490 CRYSTAL RIVER FL 34429		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10/28/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
SEC	T. ALEC RIGBY	1227 S. LECANTO HWY.	LECANTO FL 34461
PRES	RIGBY, ARLETTE	1227 S. LECANTO HWY.	LECANTO FL 34461

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 11/1/03 Phone # 561-333-8120

Typed or printed name of signing Managing Member/Manager Alec Rigby

CR2E084 (7/03)