

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

352.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # L00000014832

1. Limited Liability Company's Name

Vehicle Storage, L.L.C.

2. Principal Office Address

2523 NW 6 Street

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

Zip

33311

Country

USA

3. Mailing Office Address

108 SE 8th Avenue

Suite, Apt. #, etc.

Suite 116

City & State

Ft Lauderdale, FL

Zip

33301

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/1/2000

6. FEI Number

65-1060193

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Hugh A. Anderson

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

108 SE 8th Avenue

Suite, Apt. #, Etc.

Suite 116

City

Ft Lauderdale

State

FL

Zip Code

33301

9. 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**

Hugh A. Anderson **REGISTERED AGENT MUST SIGN**

Date 4/6/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM Member	Hugh A. Anderson	108 SE 8th Ave, #116	Ft Lauderdale, FL 33301
MGR Member	Thomas Byrd	524 S. Andrews Ave #200N	Ft Lauderdale, FL 33301
		500075102795 05/23/06--01051--010 **45.00	
		500075102795 05/23/06--01051--011 **305.00	
		REINSTATEMENT 02-06	

11. 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**

Date 4/6/06

Daytime Phone # 954-767-0079

Typed or printed name of signing Managing Member/Manager Hugh A. Anderson