

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000014380

1. Limited Liability Company's Name  
STORAGE KING, LLC

2. Principal Office Address - No P.O. Box #  
2719 Hollywood Boulevard

Suite, Apt. #, etc.

City & State  
Hollywood, FL

Zip  
33020

Country  
US

3. Mailing Office Address  
2719 Hollywood Boulevard

Suite, Apt. #, etc.

City & State  
Hollywood, FL

Zip  
33020

Country  
USA

8. Name and Address of Current Registered Agent

Name  
Steve Nicklas

Street Address (P.O. Box Number is Not Acceptable) Suite,  
2719 Hollywood Boulevard

Apt. #, Etc.

City  
Hollywood

State  
FL

Zip Code  
33020

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

03/29/2016

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGMR	KAPLAN PROPERTY GROUP, LLC	1201 ORANGE ST. SUITE 600	WILLMINGTON DE 19801

11. E-mail Address: StorageKing@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 3/29/16

Daytime Phone #

Typed or printed name of signing authorized representative/member

Steve Nicklas

FILED

16 MAR 30 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation  
FL, USA

5. Date Organized or Qualified  
To Do Business in Florida 08/24/2001

6. FEI Number  
52-2279942

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

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03/30/16--01020--020 \*\*520.00