


PLEASE READ ALL INSTRUCTIONS BEFORE COMING

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-16-2006 90182 001 ****50.00

LIMITED LIABILITY COMPANY REINSTATEMENT 2006				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000002846					
1. Limited Liability Company's Name STORAWAY SELF STORAGE OF ORLANDO, LLC					
2. Principal Office Address 12280 E. COLONIAL DRIVE Suite, Apt. #, etc. City & State ORLANDO, FL Zip # 32826		3. Mailing Office Address 1223 N. ROCK ROAD Suite, Apt. #, etc. BUILDING E, SUITE 200 City & State WICHITA, KS Zip 67206		4. State/Country of Formation FLORIDA, USA 5. Date Organized or Qualified To Do Business in Florida 02-06-2002 6. FEINumber 80-0037192 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Country USA		Country USA			
8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324					
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 <u>See attached - Next page</u> Date _____ REGISTERED AGENT MUST SIGN					
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		
MGR	STORAWAY SELF STORAGE OF	1223 N. ROCK RD, BLDG E, SUITE 200	WICHITA, KS 67206		
	ORLANDO MANAGER, LLC				
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 <u>[Signature]</u> Date <u>3/29/06</u> Daytime Phone # <u>316-634-1112</u> Typed or printed name of signing Managing Member/Manager <u>STEPHEN L. CLARK</u>					

ATTACHMENT

30011012
#L02000002846

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Storaway Self Storage of Orlando, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, Florida 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

CT Corporation System

By: 

(Signature)

J.L. Miles, Asst. Secy.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



ATTACHMENT

30011012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2006

STORAWAY SELF STORAGE OF ORLANDO, LLC
1223 N ROCK ROAD
BUILDING E, SUITE 200
WICHITA, KS 67206

Subject: ~~STORAWAY SELF STORAGE OF ORLANDO, LLC~~

Reference Number: L02000002846

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

6/19/2006

✱ Per our phone conversation this date please file the form - The registered agent signed the attachment.

Individual I spoke to in Division of Corporations @ 850-245-6051 directed us to return form with note that agent signed the attachment -
P.O. BOX 6478 - Tallahassee, Florida 32314