

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 15 AM 11:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006678

1. Limited Liability Company's Name

Hollywood Self Storage Venture I, LLC

2. Principal Office Address

6111 Peachtree-Dunwoody Rd

3. Mailing Office Address

6111 Peachtree-Dunwoody Rd

Suite, Apt. #, etc.

Suite B-102

Suite, Apt. #, etc.

Suite B-102

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30328

Country

USA

Zip

30328

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/21/2002

6. FEI Number

04-3634976

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

1/13/2004

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	William R. Collins, Jr.	6111 Peachtree-Dunwoody Rd, #B-102	Atlanta, GA 30328

REINSTATEMENT

2003-04

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

William R. Collins, Jr.

Date

1-12-2004

Daytime Phone #

770-391-1993

Typed or printed name of signing Managing Member/Manager

William R. Collins, Jr., Manager