

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LD2000012046

1. Limited Liability Company's Name

Ark Self Storage Largo, LLC

2. Principal Office Address

12420 Starkey Road

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33773

Country

USA

3. Mailing Office Address

1002 N. Madison Avenue

Suite, Apt. #, etc.

City & State

Douglas, GA

Zip

31533

Country

USA

FILED  
2005 OCT 18 PM 4:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

05/17/2002

6. FEI Number

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

Jessica Fambri

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

12420 Starkey Road

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33773

600061142396

11/03/05 01048 010 \*\*255.00

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

*Jessica Fambri*  
REGISTERED AGENT MUST SIGN

Date Oct. 13, 2005

**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	Lott Management, Inc.	1002 N. Madison Avenue	Douglas, GA 31533

REINSTATEMENT 2003-05

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

*Clinton L. Lott, III*

Date 10-13-05

Daytime Phone # 912-393-3015

Typed or printed name of signing Managing Member/Manager

Clinton L. Lott, III, President of Lott Management, Inc.