

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 11 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000009316

1. Limited Liability Company's Name

America's Mini Storage & Office Complex, LLC

2. Principal Office Address - No P.O. Box #
141 Commerce Drive

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip
32456

Country
Gulf

3. Mailing Office Address

141 Commerce Drive

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip
32456

Country
Gulf

4. State/Country of Formation
Gulf County, FL

5. Date Organized or Qualified
To Do Business in Florida 02/02/04

6. FEI Number
34-2003604

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
James T. Roberts

Street Address (P.O. Box Number is Not Acceptable)
194 Sweetwater Shores Drive

Suite, Apt. #, Etc.

City
Port St. Joe

State
FL

Zip Code
32456

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

James T. Roberts

REGISTERED AGENT MUST SIGN

Date

10/10/07

LS

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	James T. Roberts	194 Sweetwater Shores Drive	Port St. Joe, FL 32456

REINSTATEMENT

100110636471
10/11/07--01033--024 **150.00

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

James T. Roberts

Date

10/10/07

Daytime Phone #

850-258-4691

Typed or printed name of signing Managing Member/Manager

James T. Roberts