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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:32

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

LD4000029797

Admiral Discount Storage, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

8124 Lillian Highway

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32506

Country

USA

3. Mailing Office Address

12689 US Highway 231

Suite, Apt. #, etc.

#1

City & State

Troy, AL

Zip

36081

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4/19/04

6. FEI Number

341994239

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
Bordelon & Schultz Law Firm, P.L.

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

2721 Gulf Breeze Parkway

Suite, Apt. #, Etc.

City
Gulf Breeze

State
FL

Zip Code
32563

☐ 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

REGISTERED AGENT MUST SIGN

Date

2/12/07

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	Brad Weidman	12689 US Highway 231 #1	Troy, AL 36081
MGRM	Stephen Hall	12689 US Highway 231 #1	Troy, AL 36081

REINSTATEMENT 06-07

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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

Brad Weidman

Date

2/9/07

Daytime Phone #

661-428-6621

Typed or printed name of signing Managing Member/Manager

Brad Wiedmann