

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90183 030 \*\*\*\*50.00

**LIMITED LIABILITY  
COMPANY**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**REINSTATEMENT**

**2006**

**DOCUMENT #** L05000021925

**1. Limited Liability Company's Name**

STORAWAY SELF STORAGE OF ORLANDO MANAGER, LLC

**20045751**

CR2E041 (8/05)

**2. Principal Office Address**

12280 E. COLONIAL DRIVE

Suite, Apt. #, etc.

**City & State**

ORLANDO, FL

**Zip**

32826

**Country**

USA

**3. Mailing Office Address**

1223 N. ROCK ROAD

Suite, Apt. #, etc.

BUILDING E, SUITE 200

**City & State**

WICHITA, KS

**Zip**

67206

**Country**

USA

**4. State/Country of Formation**

FLORIDA, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

02-06-2002

**6. FEINumber**

20-3293145

**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**

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**

*See attached*

**Date**

**REGISTERED AGENT MUST SIGN**

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGR	STEPHEN L. CLARK	1223 N. ROCK RD, BLDG E, SUITE 200	WICHITA, KS 67206

**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**

**Date**

*3/29/06*

**Daytime Phone #** 316-634-1112

**Typed or printed name of signing Managing Member/Manager** STEPHEN L. CLARK

ATTACHMENT  
20045751

#L65000021925

**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 Manager, LLC

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

C T 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.*

C T 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)