

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 24 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200182577642
06/24/10--01032--007 **655.00

CR2E041 (05/10)

DOCUMENT # L05000105615

1. Limited Liability Company's Name

Island Self Storage, LLC

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

4112 NW 11th St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 218

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Matlacha, FL

Zip

33993

Country

Lee

Zip

33993

Country

Lee

4. State/Country of Formation

Florida/Lee

5. Date Organized or Qualified
To Do Business in Florida

10/28/2005

6. FEI Number

20-3682208

☐ 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

Marcia Self-Perry

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

4112 NW 11th Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33993

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

Marcia Self-Perry
REGISTERED AGENT MUST SIGN

Date 06/23/2010

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	Charlie Garcia	3827 SW 2nd Lane	Cape Coral, FL 33991

REINSTATEMENT -07-10

11. E-mail Address: marci@fmarineconstruction.com

(To be used for future annual report notifications)

12. 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

Charlie Garcia

Date 06/23/2010

Daytime Phone # 239-281-6487

Typed or printed name of signing Managing Member/Manager Charlie Garcia