

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 APR 22 AM 8:05

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L12000026203

1. Limited Liability Company's Name

STORAGE 39, LLC

CR2E041 (1/14)

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

3865 East Riverside Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3865 East Riverside Drive

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

Zip

34434

Country

Zip

34434

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/23/2012

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

300272095573

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S./

Signature of  
Registered Agent

Harry B. Davis

Vice President

Date

4/22/15

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip  |
|--------|--|---|---------------------|
| AMBR   | Richard Rice                                       | 3865 East Riverside Drive                                       | Dunnellon, FL 34434 |
|        |  |   |                     |
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|        |  |   |                     |

**REINSTATEMENT**

2013-2015

S. HAWKES

APR 21 A.M.

EXAMINER

11. E-mail Address: rrice.wilson@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

4-9-15

Daytime Phone #

352-860-2299

Typed or printed name of signing Authorized Representative/Manager Richard Rice

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 535261 7873499

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : March 10, 2015

ORDER TIME : 3:32 PM

ORDER NO. : 535261-010

CUSTOMER NO: 7873499

DOMESTIC FILINGS

NAME: STORAGE 39, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
15 APR 22 PM 4:28  
DIVISION OF CORPORATION