

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 APR -9 PM 3:28

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001410

1. Limited Liability Company's Name

Wesley Chapel Self-Storage, L.C.

2. Principal Office Address

601 E. Twiggs Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33602

Country

USA

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

59-3530997

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

Sam Reiber

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

601 E. Twiggs Street

Suite, Apt. #, Etc.

200

City

Tampa

State

FL

Zip Code

33602

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 4/8/2002

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
managing member	Palma Ceia Storage, Inc.	601 E. Twiggs Street, #300	Tampa, FL 33602

REINSTATEMENT

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dec

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 4/8/02

Daytime Phone # 813 221 5433

Typed or printed name of signing Managing Member/Manager CLIFFORD G. MYERS