

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 22 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002614

1. Limited Liability Company's Name

POWERS DRIVE SELF STORAGE L.C.

REINSTATEMENT 99

2. Principal Office Address

2706 REW CIRCLE

Suite, Apt. #, etc.

SUITE 100

City & State

OCFEE, FL

Zip

34761

Country

U.S.

3. Mailing Office Address

P.O. BOX 27

Suite, Apt. #, etc.

City & State

OCFEE, FL

Zip

34761

Country

U.S.

4. State/Country of Formation

FL / U.S.

5. Date Organized or Qualified
To Do Business in Florida

11/6/98

6. FEI Number

59-3583866

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

So the Secretary of State can prepare a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WRIGHT RILEY & HARRING P.A.

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

2716 REW CIRCLE

Suite, Apt. #, Etc.

102

City

OCFEE

100003060851-6

-12/06/99-01001-000

State Fee \$15.00 Filing Fee \$15.00

FL 34761

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 11/16/99

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
MGR	<u>RONALD J. BABOUD</u>	<u>1139 OAKMONT CIRCLE</u>	<u>ADAIR, FL 32712</u>
MGR	<u>LAWRENCE E. COX</u>	<u>1099 PARK AVE. N.</u>	<u>WINTER PARK, FL 32789</u>

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

11-17-99

Daytime Phone #

407-877-0220

Typed or printed name of signing Managing Member/Manager

Ronald J. Baboud