

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000002014

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 # **L98000002014**

1. Limited Liability Company's Name

POWERS DRIVE SELF STORAGE L.C.

REINSTATEMENT *aa*

2. Principal Office Address

2706 ROW CIRCLE

Suite, Apt. #, etc.

SUITE 100

City & State

OCLOEE, FL

Zip

34761

Country

U.S.

3. Mailing Office Address

P.O. BOX 27

Suite, Apt. #, etc.

City & State

OCLOEE, 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

State of Florida, and I am applying for 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 ROW CIRCLE

Suite, Apt. #, Etc.

100

City

OCLOEE

100003060851-6

-12/06/99-01001-00

State Fee \$15.00 Renewal 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

[Signature]

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	RONALD J. BABOUD	1139 OAKPOINT CIRCLE	ARADOKA, FL 32212
MGR	LAWRENCE E. COX	1099 MARK AVE. N.	WINTER PARK, FL 32789

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

[Signature]

Date

11-17-99

Daytime Phone #

407-877-0220

Typed or printed name of signing Managing Member/Manager

Ronald J. Baboud

CR20041 (9/99)