

L99000004231

PLEASE PRINT AND SIGN IN THESE SPACES BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 28 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004231

1. Limited Liability Company's Name

MANGO STORAGE PARTNERS, L.C.

2. Principal Office Address

1200 South Pine Island Road

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

33324

Country

USA

3. Mailing Office Address

1200 South Pine Island Road

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

33324

Country

USA

900020253459  
05/29/03--01058--001 \*\*5.00

4. State/Country of Formation  
Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida July 6, 1999

6. FEI Number  
593586926

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Michael J. Smith*

Michael J. Smith  
Assistant Secretary

Date 5/27/03

REGISTERED AGENT MUST SIGN

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
Manager	Matthew M. Nagel	1200 South Pine Island Road	Plantation, Florida 33324
Manager	K. Blair Nagel	1200 South Pine Island Road	Plantation, Florida 33324
Sole Member	Metro Storage LLC	13000 Rockland Road	Lake Bluff, Illinois 60044

REINSTATEMENT 01-03

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

*K. Blair Nagel*

Date 5-8-03

Daytime Phone # 847.604.8003

Typed or printed name of signing Managing Member/Manager

K. Blair Nagel, Manager