

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 31 AM 10:06

DOCUMENT # L99000008486

1. Limited Liability Company's Name

FIRST CHOICE STORAGE LC

400184914034
08/31/10--01037--003 ***377.50

CR2E041 (05/10)

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

7287 SAWMILL RD

Suite, Apt. #, etc.

#150

City & State

DUBLIN OH

Zip

43016

Country

USA

3. Mailing Office Address

7287 SAWMILL RD

Suite, Apt. #, etc.

#150

City & State

DUBLIN OH

Zip

43016

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

59-3608056

☐ 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

LUIS G WEIL

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

26986 MONTEGO POINTE CT

Suite, Apt. #, Etc.

#201

City

BONITA SPRINGS

State

FL

Zip Code

34134

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

Luis G Weil

REGISTERED AGENT MUST SIGN

Date 8/26/10

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
MGRM	LUIS G WEIL	26986 MONTEGO POINTE CT #201	BONITA SPRINGS FL 34134

REINSTATEMENT 2009, 2010

11. E-mail Address: LWEIL @ WEILREALESTATE . com

(To be used for future annual report notifications)

12. 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

Luis G Weil

Date 8/26/10

Daytime Phone # 614-595-3710

Typed or printed name of signing Managing Member/Manager LUIS G WEIL