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14 MAY 20 PM 4:40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M08000004135 1. Limited Liability Company's Name Strategic Storage Property Management, LLC					
2. Principal Office Address - No P.O. Box # 111 CORPORATE DR.		3. Mailing Office Address 111 CORPORATE DR.		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. SUITE 120		Suite, Apt. #, etc. SUITE 120		5. Date Organized or Qualified To Do Business in Florida (DD/MY/YY)	
City & State LADERA RANCH, CA		City & State LADERA RANCH, CA		6. FEI Number 364614145	
Zip 92694	Country USA	Zip 92694	Country USA	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name C T 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 605, F.S. Signature of Registered Agent: <u>Nicole Chaimond</u> Date: <u>5/20/2014</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	STRATEGIC CAPITAL HOLDINGS, LLC	111 CORPORATE DR., SUITE 120		LADERA RANCH, CA 92694	
11. E-mail Address: <u>p.mathews@strategiccapital.net</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S. Signature of Authorized Representative/Manager: <u>[Signature]</u> Date: <u>5/19/14</u> Daytime Phone #: <u>(949) 429-6601</u> Typed or printed name of signing Authorized Representative/Manager: <u>Paula M. Mathews, Executive Vice President</u>					

RE 5/20/14

Division of Corporations

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
STRATEGIC STORAGE PROPERTY MANAGEMENT, LLC

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