


FILED

14 MAY 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M10000002140

1. Limited Liability Company's Name
Extra Space Properties Forty Eight LLC

CR2EDM1 (1/14)

2. Principal Office Address - No P.O. Box # 2795 E. Cottonwood Pkwy		3. Mailing Office Address 2795 E. Cottonwood Pkwy		4. State/Country of Formation DE/USA
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400		5. Date Organized or Qualified To Do Business in Florida 5/19/2010
City & State Salt Lake City, UT		City & State Salt Lake City, UT		6. FEI Number 27-2555172
Zip 84121	Country USA	Zip 84121	Country USA	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$500 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

MAY 30 2014

L. SELLERS

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]* **James D. Martin** Date: 5/29/14
REGISTERED AGENT MUST SIGN **Asst. Vice President**

10. Names and Street Addresses of Authorized Representatives/Managers

TiOs	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mgr	Charles L. Allen	2795 E. Cottonwood Pkwy, #400	Salt Lake City, UT 84121
Mgr	David L. Rasmussen	2795 E. Cottonwood Pkwy, #400	Salt Lake City, UT 84121
Mgr	Scott Stubbs	2795 E. Cottonwood Pkwy, #400	Salt Lake City, UT 84121

REINSTATEMENT 2011-2014

11. E-mail Address: slindsey@extrispacs.com (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 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 805.0012, 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. 817.155, F.S.

Signature of Authorized Representative/Manager: *[Signature]* Date: 5-22-2014 Daytime Phone #: 801-562-5556
 Typed or printed name of signing Authorized Representative/Manager: David L. Rasmussen

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
EXTRA SPACE PROPERTIES FORTY EIGHT LLC

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