PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

98 SEP 16 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 83964

1. Corporation Name
A. ALDRIDGE SELF STORAGE, INC.

Principal Place of Business	Mailing Address
596 FERNWOOD DR KEY BISCAYNE FL 33149	SAME

200002643572--3
-09/18/98--01078--023
***1200.00 ***1200.00
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
596 FERNWOOD DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY BISCAYNE FL	City & State
Zip 33149 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6-6-88

5. FEI Number 65-0102452 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	JAMES T. ALDRIDGE	596 FERNWOOD DR	KEY BISCAYNE FL 33149
ST/D	FRANK ALDRIDGE	596 FERNWOOD DR	KEY BISCAYNE FL 33149

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name MICHAEL E. HILL, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR
Suite, Apt. #, Etc. SUITE 705
City MIAMI State FL Zip Code 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Michael E Hill Date 9/14/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: X Jim Aldridge Pres. 9/14/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #