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Division of Corporations  
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To: Division of Corporations  
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CORPORATION REINSTATEMENT

STORAGE PORTFOLIO I LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,208.75

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M99000000754

1. Limited Liability Company's Name

Storage Portfolio I LLC

*BA*  
*06*

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TALLAHASSEE, FLORIDA

CR2ED4 (10/08)

2. Principal Office Address - No P.O. Box #  
2795 E Cottonwood Pkwy

Suite, Apt. #, etc.  
#400

City & State  
Salt Lake City, UT

Zip Country  
84121 USA

3. Mailing Office Address  
same

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified To Do Business in Florida 5/18/1999

6. FEI Number  
52-2180959

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 Zip Code  
FL 33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*James Martin*

James Martin  
Assistant Secretary

Date 4/6/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Charles L. Allen	2795 E Cottonwood Pkwy #400	Salt Lake City, UT 84121
<b>REINSTATEMENT 2006-2009</b>			

11. I certify that I am managing member/manager or the receiver for status 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 608.405, 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

*Charles L. Allen*

Date 4/6/09

Daytime Phone # 801-365-4593

Typed or printed name of signing Managing Member/Manager Charles L. Allen