

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 OCT 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

M99000001821

1. Limited Liability Company's Name

**HISTORIC METRO STORGE LLC**

Document Number: **M99000001821**

**REINSTATEMENT 2000**

2. Principal Office Address

**13000 Rockland Road**

Suite, Apt. #, etc.

3. Mailing Office Address

**13000 Rockland Road**

Suite, Apt. #, etc.

City & State

**Lake Bluff, Illinois**

Zip

**60044**

Country

**USA**

City & State

**Lake Bluff, Illinois**

Zip

**60044**

Country

**USA**

4. State/Country of Formation

**Illinois**

5. Date Organized or Qualified  
To Do Business in Florida

**6/8/2000**

6. FEI Number

**36-4159221**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee,**

State

**FL**

Zip Code

**32301**

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

**BRIAN COURTNEY, ASST. V.P.**

REGISTERED AGENT MUST SIGN

Date

**10/24/2000**

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	Metro Storage LLC	13000 Rockland Road	Lake Bluff, Illinois 60044

11. 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

**Matthew M. Nagel**

Date **10/16/2000**

Daytime Phone # **847-604-5226**

Typed or printed name of signing Managing Member/Manager

**Matthew M. Nagel, for Metro Storage LLC**

**JB**  
**10-2300**



ACCOUNT NO. : 072100000032

REFERENCE : 871158 7193593

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizub*

ORDER DATE : October 20, 2000

ORDER TIME : 2:31 PM

ORDER NO. : 871158-005

CUSTOMER NO: 7193593

CUSTOMER: Mr. Brian Blankenship

METRO SELF STORAGE

METRO SELF STORAGE

13000 Rockland Road

Lake Bluff, IL 60044

800003434238--8

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:14

NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENT FILING

DOMESTIC FILING

NAME: HISTORIC METRO STORAGE LLC

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: \_\_\_\_\_