FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -4 AM 9:20

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05

CR2E081 (8/05)

DOCUMENT # N96000006328

1. Corporation Name
Semoran Boulevard Property Owners Association, Inc.

2. Principal Office Address	3. Mailing Office Address
c/o Shurgard Storage Centers, Inc.	P.O. Box 900933
Suite, Apt. #, etc. 1155 Valley Street, Suite 400	Suite, Apt. #, etc.
City & State: Seattle, WA	City & State: Seattle, WA
Zip: 98109 Country: USA	Zip: 98109 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: N/A ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Kathleen C. Garcia Date 10-04-05
REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Ray Loeffler	1515 West Platt Street	Tampa, FL 33606
DVPS	Robert Strutz	1515 West Platt Street	Tampa, FL 33606
DT	Steven Vuolo	1515 West Platt Street	Tampa, FL 33606

10. 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., that all fees owed by the corporation have been paid and the amount of homestead listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] 10/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FL014 - 9/14/05 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SEMORAN BOULEVARD PROPERTY OWNERS ASSOCIATION, INC.

Certificate of Status	1
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