PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 22 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033371

1. Corporation Name
RFR STORAGE PARTNERS, INC.

4815 E. BUSCH BLVD.
1504 E. BEARSS AVE.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
4815 E. BUSCH BLVD.		1504 E. BEARSS AVE.	
Suite, Apt. #, etc. SUITE 205		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State LUTZ FL	
Zip 33617	Country USA	Zip 33549	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/31/2000

5. FEI Number 593638383 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RANDY FERREIRA

700038430947
06/29/04--01074--005 **908 75

Street Address (P.O. Box Number is Not Acceptable)
1504 E. BEARSS AVE. >

Suite, Apt. #, Etc.

City LUTZ | State FL | Zip Code 33549

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6/16/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RANDY X. FERREIRA	1504 E. BEARSS AVE.	LUTZ FL 33549
D	RAYMOND RAIRIGH	1504 E. BEARSS AVE.	LUTZ FL 33549
D	RONALD ROSEMAN	1504 E. BEARSS AVE.	LUTZ FL 33549

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 names of individuals 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: _____ 6/16/04 813 917 7162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #