PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	15 DEC 31 PM 1: ~2
DOCUMENT # P010000 75498 1. Carporation Name Broward County Self Storage, Inc.	A SA CATA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3. Mailing Office Address 2150 LAZY LANE Suite, Apt. #, etc. City & State City & State	CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida OS: 01: 200
FURT LAU, HURIDA VANYLAKE, N 33306 ZIP 33308 U.SA 33305 U.SA	5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Epo required for a Certificate of Status
Name and Address of Current Registered Agent Name Evangelos Anthology Street Address (P.O. Box Jumber is Not Acceptable) 2150 h224 h212e Suite, Apt, A Etc City h224 h2ke FL 33306	300280516449 12/31/1501012007 **750.00 /
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 REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Bach Officer and/or Director (Florida nonprofit corporations must list at let the street Address of Bach Officers and/or Directors Name of Officers and/or Directors Name of Officer and/or Directors Name of Officer and/or Director Presided Carl S. Marzola 3438 N. Ocean B VP EXAMBELOS ANTHON 2150 LAZYLANE.	City / State / Zip
REINSTATEMENT	S. HAWKES DEC 3.1. AM EXAMINER
10. E-mail Address: FDIXE (C) AOL COM (To be used for future annual report notification) 11. I certify that I am an officer or director or the receiver or trustee empowered 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 reporterments of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accipate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. SIGNATURE: EVALUE AFTHORY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PRINTECTOR Date Daytime Phone #	