

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 16 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Extra Space Storage, Inc.

2. Principal Office Address

3901 W. Sunrise Boulevard

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

Zip

33311

Country

USA

3. Mailing Office Address

3901 W. Sunrise Boulevard

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

Zip

33311

Country

USA

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business In Florida

12/20/93

5. FEI Number

65-0454479

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

Mark Lindau

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

3901 West Sunrise Boulevard

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33311

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

*Mark Lindau*

REGISTERED AGENT MUST SIGN

Date 9/22/03

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
P,S	Mark Lindau	3901 West Sunrise Boulevard	Lauderhill, Florida 33311
VP,T	James Lindau	321 Cheyenne Trail	Madison, WI 53705

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: *Mark Lindau*

Mark Lindau

9/22/03

(608) 238-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)