

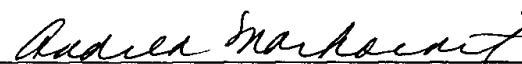


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 11 PM 1:51</p>	
<p>CORPORATION REINSTATEMENT</p>			
<p>DOCUMENT # P96000091601</p>			
<p>1. Corporation Name Bonita Springs Self Storage, INC.</p>			
<p>2. Principal Office Address 231 Bayfront Drive Suite, Apt. #, etc. Bonita Springs City & State Bonita Springs, FL FL B.S. Zip 34134 Country USA</p>		<p>3. Mailing Office Address 231 Bayfront Drive Suite, Apt. #, etc. Bonita Springs City & State Bonita Springs, FL FL B.S. Zip 34134 Country USA</p>	
<p>4. Date Incorporated or Qualified To Do Business in Florida</p>		<p>5. FEI Number 65-0729263</p>	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>Applied For Not Applicable</p>	
<p>7. Name and Address of Current Registered Agent</p>			
<p>Name Andrea Markowitz Street Address (P.O. Box Number is Not Acceptable) 231 Bayfront Drive Suite, Apt. #, Etc. City Bonita Springs State FL Zip Code 34134</p>			
<p>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.</p>			
<p>Signature of Registered Agent </p>		<p>REGISTERED AGENT MUST SIGN Date 12-6-01</p>	
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Andrea Markowitz	231 Bayfront Dr.	Bonita Springs, FL 34134
<p>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)(f), 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.</p>			
<p>SIGNATURE: </p>		<p>(941) 12-6-01 495-6734</p>	
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date Daytime Phone #</p>	

CR2001 (9/00)

December 6, 2001

To whom it may concern,

As per our phone conversation, I am enclosing (2) \$150.00 checks for reinstatement of my Florida corporations. We never received the forms for renewing the corporation's status. Our current address is: 231 Bay front Drive, Bonita Springs, FL 34134
The corporations are: Bonita Springs Self Storage Inc.
AIRE 4 Inc.

I would appreciate your immediate attention to this matter. Thanking you in advance.

Sincerely,


Andrea Markowitz