

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 FEB -2 AM 11:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000104080					
1. Corporation Name RED SELF STORAGE, INC.					
Principal Place of Business			Mailing Address		
2151 N.E. 163rd Street North Miami Beach, FL 33162					
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
NA		NA		12/23/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip		Country		Zip	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P, VP, S, T	CARLO BRUNACCI	2151 N.E. 163rd Street	North Miami Beach, FL 33162		
			100002421701--9		
			-02/04/98--01102--003		
			***900.00 ***900.00		
REINSTATEMENT			97-98		
			Q. Alan		
			Feb. 2, 1998		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
WILBERTO LOPEZ 2151 N.E. 163rd Street North Miami Beach, FL 33162			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			State FL Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent			Date 1/27/98		
REGISTERED AGENT MUST SIGN WILBERTO LOPEZ					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 1/27/98 (205) 949-8908					