

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000005425			
1. Corporation Name AIRE4, INC.			
2. Principal Office Address 231 Bayfront Dr.		3. Mailing Office Address 231 Bayfront Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bonita Springs FL		City & State Bonita Springs FL	
Zip 34134	Country USA	Zip 34134	Country USA
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 650810498		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Andrea Markowitz		300004733063--1	
Street Address (P.O. Box Number is Not Acceptable) 231 Bayfront Drive		-12/19/01-01056-017	
Suite, Apt. #, Etc.		****150.00 ****50.00	
City Bonita Springs		State FL	Zip Code 34134
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 <i>[Signature]</i>		Date 12-6-01	
REGISTERED AGENT MUST SIGN			
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
VP	Andrea Markowitz	231 Bayfront Drive	Bonita Springs FL 34134
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)(b), 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: <i>[Signature]</i>		Date 12-6-01 (94) 495-6734	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 11 PM 1:49

CR2081 (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