

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 24 AM 9:53

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 98000083578

1. Corporation Name

ORANGE PUBLIC STORAGE, INC

2. Principal Office Address - No P.O. Box #

4525 W Tradewinds Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1345 River Ridge Dr.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

Zip 33308

Country US

City & State

Vero Beach FL

Zip 32963

Country US

4. Date Incorporated or Qualified To Do Business in Florida

9/28/98

5. FEI Number

65-0865685

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 DAVID GINFRIDA

Street Address (P.O. Box Number in FL)

4525 W TRADEWINDS AVE.

Suite, Apt. #, Etc.

City FT. LAUDERDALE

State FL

Zip Code 33308

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 2-19-09

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            |
|--------|-----------------------------------|--|-------------------------------|
| PSD    | David Ginfrieda                   | 4525 W Tradewinds Ave                          | FT Lauderdale FL 33308        |
|        |                                   |  | 700144312447                  |
|        |                                   |  | 02/24/09--01043--003 **450.00 |
|        |                                   |  |                               |
|        |                                   |  |                               |
|        |                                   |  |                               |
|        |                                   |  |                               |

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 contained in Chapter 119, 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:

David Ginfrieda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-09

Date

772 360 5072

Daytime Phone #