

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000091811

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 26 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Stor All Equity Management, LLC

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

2706 Rew Circle

Suite, Apt. #, etc.

Suite 100

City & State

Ocoee, Florida

Zip

34716

Country

Orange

3. Mailing Office Address

1041 Crown Park C

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

34787

Country

Orange

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

12-20-2004

6. FEI Number

59-3792064

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Capital Connection, Inc.

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

417 East Virginia Street

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32301

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|-----------------------------|
| MGRM | Stephen Womack | 253 Womstead Drive | Grayson, KY 41143 |
| | | | 100156427381 |
| | | | 05/27/09 01002-004 **277.50 |
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REINSTATEMENT 2008-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of

Managing Member/Manager

Date

May 6, 2009

Daytime Phone # (859) 268-1047

Typed or printed name of signing Managing Member/Manager

Stephen Womack