

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000116386

1. Corporation Name

USA FLORIDA STOR-A-WAY, INC.

2. Principal Office Address

4051 W. STATE ROAD 46

3. Mailing Office Address

4051 W. STATE ROAD 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2000

5. FEI Number

99-3689279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Add to other fees required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL E. WRIGHT

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

301 E. PINE STREET

Suite, Apt. #, Etc.

SUITE 1400

City

ORLANDO

State
FL

Zip Code
32801

200008837262

11/05/02--01133--005 \$900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.O.	CARDAMONE, GARY	4051 W. STATE ROAD 46	SANFORD, FL 32771
T.D.	CARDAMONE, RICHARD	4051 W. STATE ROAD 46	SANFORD, FL 32771
V.O.	MURRAY, MICHAEL E.	1399 W. STATE ROAD 434	LONGWOOD, FL 32790

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:

[Signature]

GARY CARDAMONE
PRESIDENT

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/2002 407-321-5811
Date Daytime Phone #

11/14/02
TOTAL P.04

REINSTATEMENT 01-02