

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
With Printing and
Secretariat of State
DIVISION OF CORPORATIONS

FILED

00 JAN -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

99-2000AR
PA5000084645
STOR-MOR INC.

2. Principal Office Address

2309 HWY 98 W.

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 65

Suite, Apt. #, etc.

City & State

PERRY FL.

City & State

PERRY FL.

Zip

32347

Country

USA

Zip

32348

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

11-1995

5. FEI Number

59-3431048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

DIANE H. MILLER

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

182 O'STEEN RD.

Suite, Apt. #, Etc.

P.O. BOX 0065

City

PERRY

500003106345-1

-01/21/00--01067--07

****300.00 ****300.00

State

FL

Zip Code

32348

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

Diane H Miller

Date

1-5-2000

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
Pres	DIANE H. Miller	182 OSTEEN RD.	PERRY FL 32347
V-Pres	CHARLES A. MILLER JR.	182 O'STEEN RD.	PERRY FL 32347

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)(i), 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:

Diane H Miller

1-5-2000

Date

850584-3536

Daytime Phone #

2

1-5-2000

Please Reinstate my Corporation
STOR-MOR INC. I was INCORPORATED
11/95 AND HAVE NOT Had any employees
except me + my Husband + we don't
take a salary. We have only made
the expences so far + so we don't
have any INCOME yet. I didn't get
any information about this so I'm
asking you to Please wave the
Penalty Fee for being LATE. I AM
ENCLOSING the \$150.00 FOR 1999
+ \$150.00 for the Year 2000. I
would truly appreciate this waved
fee this time.

Thanks,

DIANE H. Miller

PS. I was told you
Have the WRONG
address on File
The new ZIP
32348

A 98 W. Self Storage
Charles and Diane Miller
P.O. Box 65, Hwy. 98 West
Perry, FL 32347