
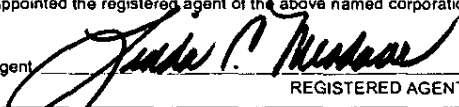



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED CLERK OF STATE DIVISION OF CORPORATIONS 02 FEB 11 AM 10:41	
DOCUMENT # P96000075986					
1. Corporation Name Stor-America, Inc.					
2. Principal Office Address 510 Douglas Avenue		3. Mailing Office Address 400 Saddleworth Place			
Suite, Apt. #, etc. #1001		Suite, Apt. #, etc.			
City & State Altamonte Springs		City & State Heathrow			
Zip 32714	Country USA	Zip 32746	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 09/11/1996	
				5. FEI Number 59-3422603	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Linda Meadows					
Street Address (P.O. Box Number is Not Acceptable) 400 Saddleworth Place					
Suite, Apt. #, Etc.					
City Heathrow			State FL	Zip Code 32746	
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 				Date 2/6/02	
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	
P	Linda C. Meadows	400 Saddleworth Place		Heathrow, FL 32746	
D	David M. Meadows	400 Saddleworth Place		Heathrow, FL 32746	
ST	Jessica Locke	2626 Tryon Place		Windermere, FL 34786	
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: 		Linda C. Meadows		Date 2/6/02	Daytime Phone # 407.862.9087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (9/01)