

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



99 FEB 25 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P100000991030

1. Corporation Name
 Storemedia Inc.

Principal Place of Business Mailing Address
 9561 Satellite Blvd.
 Suite 350
 Orlando, Florida 32837

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 Same as above

3. New Mailing Office Address, if Applicable
 Same as above

City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 12-10-1996

5. FEI Number
 59-3413932

Applied For
 Not Applicable

CERTIFICATE OF STATUS DESIRED

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

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Michael Chater	9561 Satellite Blvd. Suite 350	Orlando, FL 32837

600002792756--3
 -03/03/99--01004--002
 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Michael Chater
 Street Address (P.O. Box Number is Not Acceptable): 9561 Satellite Blvd., Suite 350
 City: Orlando State: FL Zip Code: 32837

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 2-22-1999

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)

12. 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), P.F. 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]* 2-23-1999 407-438-0054

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR