

APPLICATION  
FOR  
REINSTATEMENT



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

10/16

FILED

00 DEC 21 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091044

1. Corporation Name

USA STOR-A-WAY, INC.

Principal Place of Business

Mailing Address

467 STILL FORREST TERRACE  
SANFORD FL 32771

467 STILL FORREST TERRACE  
SANFORD FL 32771



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3606325

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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 Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	GARY CARDAMONE	467 STILL FOREST TERRACE	SANFORD, FL 32771
D	RICHARD CARDAMONE	19444 SATURNIA LAKES DR	BOCA RATON, FL 33498
D	ROBERT PORCHÉ	6003 TWINPOINT WAY	WOODSTOCK, GA 30189
P	RANDY HUMMEL	860 NW 45 <sup>th</sup> STREET	POMPADOUR BEACH, FL 33064
			000003510400--9

8. Name and Address of Current Registered Agent

CARDAMONE, GARY V  
467 STILL FORREST TERRACE  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Gary Cardamone*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/00

11. 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:

*GARY V. CARDAMONE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00  
Date

407-321-5811  
Daytime Phone #

P99000091044

2082



ACCOUNT NO. : 072100000032

REFERENCE : 940965 11812A

AUTHORIZATION :

COST LIMIT : \$ 758.75

*Patricia Pizutto*

ORDER DATE : December 21, 2000

ORDER TIME : 12:11 PM

ORDER NO. : 940965-025

CUSTOMER NO: 11812A

CUSTOMER: Lorri Wilson, Legal Assistant  
Walker And Associates, P.a.  
Suite 216  
235 South Maitland Ave.  
Maitland, FL 32751

DOMESTIC FILINGS

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NAME: USA STOR-A-WAY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER(S) INITIALS  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

00 DEC 21 PM 12:57

RECEIVED