

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000091044**

1. Corporation Name

USA STOR-A-WAY, INC.

Principal Place of Business

467 STILL FORREST TERRACE
SANFORD FL 32771

Mailing Address

467 STILL FORREST TERRACE
SANFORD FL 32771

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1999

5. FEI Number

59-3606325

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | CARDAMONE, GARY | 467 STILL FOREST TERRACE | SANFORD FL 32771 |
| D | CARDAMONE, RICHARD | 19444 SATURNIA LAKES DRIVE | BOCA RATON FL 33498 |
| D | PORCHE, ROBERT | 6003 TURN POINT WAY TWIN POINT WAY | WOODSTOCK GA 30189 |
| D | HUMMEL, RANDY | 860 N.W. 45TH STREET | POMPANO BEACH FL 33064 |
| | | | |
| | | | |

REINSTATEMENT 00-02

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

3000005290053-4

-04/17/02--01068--013

***800 State *** Code 900.00

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 V. Cardamone

Date

3/11/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02

770-516-9149

CR2E040 (8/01)