

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

98 FEB 18 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038225

1. Corporation Name

CAN-MOVE TRANSPORT, INC.

Principal Place of Business
8249 NW 70TH STREET
MIAMI, FL 33166

Mailing Address
8249 NW 70TH STREET
MIAMI, FL 33166

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

2. New Principal Office Address, If Applicable

8249 NW 70TH STREET

MIAMI, FL

Zip 33166

Country USA

3. New Mailing Office Address, If Applicable

8249 NW 70TH STREET

MIAMI, FL

Zip 33166

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

05/02/96

5. FEI Number

XX Applied For
Not Applied

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee req'd 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	JERRY BERGERON	8249 NW 70 TH STREET	MIAMI, FL 33166

900002495399-8
02/19/98--01068--005
***900.00 ***900.00

REINSTATEMENT

97-98
J. Allen
2/18/98

8. Name and Address of Current Registered Agent

PETER A. ROSE, ESQ.
ROSE & ROSE, P.A.
2101 N. ANDREWS AVENUE, #200
FT. LAUDERDALE, FL 33311

9. Name and Address of New Registered Agent

Name
PETER A. ROSE, ESQ., ROSE & ROSE, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2101 N. ANDREWS AVENUE
Suite, Apt., Etc.
SUITE 200
City
FT. LAUDERDALE
State
FL
Zip Code
33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/17/98

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)(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:

JERRY BERGERON

2/17/98 305-593-5132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #