## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000135921

Entity Name: VANLINES4U, INC.

**FILED** Oct 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3401 EMERALD DRIVE 1400 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33021

1007

HOLLYWOOD, FL 33019

**Current Mailing Address: New Mailing Address:** 

3401 EMERALD DRIVE 1400 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33021

1007

HOLLYWOOD, FL 33019

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HABURA, RALPH HABURA, RALPH 3401 EMÉRALD DRIVE 1400 SOUTH OCEAN DRIVE

HOLLYWOOD, FL 33021 US 1007 HOLLYWOOD, FL 33019 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RALPH HABURA 10/03/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

HABURA, RALPH HABURA, RALPH Name: Name: 3401 EMERALD DRIVE 1400 SOUTH OCEAN DRIVE #1007 Address: Address:

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33019

Title: () Delete Title: DΡ ( ) Change (X) Addition Name: Name: MICHELLE, AMAR

Address: Address: 1400 SOUTH OCEAN DRIVE #1007 HOLLYWOOD, FL 33019 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE AMAR DP 10/03/2006