

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **139212**

1. Corporation Name

**ELDER MOVING & STORAGE CO.**

Principal Place of Business

#1 Mayflower Drive  
P.O. Box 26150  
Fenton, MO 63026

Mailing Address

#1 Mayflower Drive  
P.O. Box 26150  
Fenton, MO 63026

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

97-98

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1940

5. FEI Number

59-0232173

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C	Greenblatt, Maurice	1344 N.W. Blvd.	Vineland NY 08360
VC	Stadler, Gerald	2481 Alton Avenue	Irvine CA 92714
T	Ellington, Donald E.	18121 Forest Briar Court	Wildwood, MO 63038
S	LaTourette, Jr., Brainerd	#7 Berkshire	St. Louis, MO 63117
CEO	Baer, Robert J.	One United Drive	Fenton, MO 63026
P	Wilson, James L.	One Mayflower Drive	Fenton, MO 63026

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

500002462565--4

Suite, Apt. #, Etc.

03/19/98 01109 013

City

\*\*\*300.00

\*\*\*300.00

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

3/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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 #

CR25040 (8/97)