PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
02 MAY -8 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 140940

1. Corporation Name

AMERICAN VANLINES, INC.

REINSTATEMENT 1990-2002

2. Principal Office Address		**3.** Mailing Office Address	
2125 NW 1 CT		2125 NW 1 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33127	Country: usa	Zip: 33127	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08-27-1941

5. FEI Number: 590142932 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LERETTE, EARLE J.

600005556216--3
-05/17/02--01015--004
***2372.50 ***2372.50

Street Address (P.O. Box Number is Not Acceptable): 2125 NW 1 CT 90-02

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33127

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Earle J. Lerette — Date: 04-19-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LERETTE, EARLE J.	6217 SW 11 ST.	MIAMI, FL 33144
VD	RATTE, JOHN E.	3151 NW 3 ST.	MIAMI, FL 33125
S	LERETTE, THERESA	6217 SW 11 ST.	MIAMI, FL 33144
VP	LERETTE, THOMAS	8244 SW 177 TERRACE	MIAMI, FL 33157

10. 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: Earle J. Lerette — 04/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

4/23/02

Samuel Blanco
Requestor's Name
2050 Coral Way #303
Address
Miami, Fl. 33145
City State ZIP Phone
(305)860-0901

VALIDATION ONLY

CORPORATION(S) NAME

American Vanlines, Inc.

RECEIVED
02 APR 24 AM 9:48
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier