

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -6 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 174911

1. Corporation Name

MELBOURNE-EAU GALLIE MOVING & STORAGE COMPANY, INC.

REINSTATEMENT 02-03

200018303612

05/06/03--01094--014 **908.75

2. Principal Office Address (NEW ADDRESS)

2940 W. 45th STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

USA

3. Mailing Office Address

2940 W. 45th STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1954

5. FEI Number

59-0694257

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

JANINE HUSKEY

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

2696 COLD CREEK BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32221

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

Janine Huskey
REGISTERED AGENT MUST SIGN

Date 4/28/03

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
P	SCOTT R. HUSKEY	2696 COLD CREEK BLVD	JACKSONVILLE, FL 32221
S/T	JANINE HUSKEY	2696 COLD CREEK BLVD	JACKSONVILLE, FL 32221

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:

Janine Huskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANINE HUSKEY

4/28/03 (904) 768-9074

Date

Daytime Phone #

CR2E081 (10/02)