APPLICATION APPLICATION	ALL INST		BEFORE C NT OF STATE		ING THIS FORM.		
FOR Secretary of State				FILED			
REINSTATEMENT DIVISION OF CORPORATIONS				98 NOV 23 PM 3: 06			
DOCUMENT # 340372 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
IMPERIAL MOVING & STORAGE, INC.				TALLAHASSEE, FLURIDA			
Principal Place of Business Mailing Address							
2400 AVENUE "E" SW	"E" SW						
P O BOX 2355 WINTER HAVEN FL 33883-2355 WINTER HAVEN FL 33883-2355							
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					0.00		
655 Avenue "N" S.E. Suite, Apt. #, etc.		Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 01/20/1969		
Winter Haven, FL 33880 City & State	City & State			5. FEI Number		Applied For Not Applicable	
Zip 33880 Country POLK	Zip	Country	,	6. CERTIFICATE	OF STATUS DESIRED 6	75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) and/or Directors 1 2	Officer and/or Director 3 (Do NOT Use Post Office Box No			City / Sta	ite / Zip		
PDV THOMAS, CLINTON JR.		407 FLAGLER ROAD		WINTER HAVEN FL			
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S. Married Address of Comments	Davistand A.		 	9 Name and A	ddress of New Registered A	lant	
8. Name and Address of Current Registered Agent Name				3. Name and Address of New Negistered Agent			
THOMAS, CLINTON JR. 2400 AVE. "E" SW	Street Address (P.O. Box Number is Not Acceptable)						
WINTER HAVEN FL 33880	Suite, Apt. #, Etc.						
City				State Zip Code FL			
10. I, being appointed the registred agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 11/7/98							
REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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:							
	TED NAME OF S	IGNING OFFICER OR I	DIRECTOR		Date Da	ytime Phone #	

IMPERIAL MOVING & STORAGE

Imperial Moving & Storage, Inc. 2400 Avenue "E" S.W. Winter Haven, Florida 33880 Phone: (941) 293-4196 Fax: (941) 293-8284

☐ Imperial Moving & Storage of Alabama, Inc.
168 Chandalar Place Drive
Pelham, Alabama 35124
Phone: (205) 621-0144
Fax: (205) 621-0244

November 18, 1998

Florida Department of State Sandra B. Mortham Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314-6327

Dear Mrs. Mortham:

Enclosed please find the application for reinstatement for Imperial Moving & Storage, Inc. with my check in the amount of \$150.00.

My accounting manager was diagnosed with pancratic cancer and no one was aware to be looking for the original renewal application to be sent in. I have been out of state since January starting a new company in Alabama and was not aware this had not been paid.

If there are any questions concerning the enclosed application, please don't hesitate to contact me.

Sincerely,

IMPERIAL MOVING & STORAGE, INC.

Clinton Thomas President