

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

01-02 UBR

**DOCUMENT #** 692286

**1. Corporation Name**

John Moving INC

D.B.A. Russell with the Muscle 24 Hr. Movers

**2. Principal Office Address**

1401 N.W. 175th Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

**3. Mailing Office Address**

1401 N.W. 175th Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

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

June 26, 1981

**5. FEI Number**

59-2109491

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

Glenn R. Miller ESQ

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

67 N.E. 168th St.

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

**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

*Glenn R. Miller*  
REGISTERED AGENT MUST SIGN

Date March 27, 2002

**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	Russell L. Tate	1401 N.W. 175th Terr.	Miami, FL 33169
V	Randall L. Tate	1401 N.W. 175th Terr.	Miami, FL 33169

**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:** Russell L. Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2002 (305) 625-3461

Date

Daytime Phone #