

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -1 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 692286

1. Corporation Name

JOHN MOVING, INC.

2. Principal Office Address

18353 N.E 4TH CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33179-4523

Country

DADE

3. Mailing Office Address

18353 N.E 4TH CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33179-4523

Country

DADE

4. Date Incorporated or Qualified

To Do Business in Florida 06/26/1981

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

MILLER, GLENN R ESQ

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

67 N.E 168TH STREET

Suite, Apt. #, Etc.

City

MIAMI, FL. 33162

State

FL

Zip Code

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 29, 2004

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	TATE, RUSSELL	18353 N.E 4TH CT.	MIAMI, FL. 33179
V	TATE, RANDALL	18353 N.E 4TH CT.	MIAMI, FL. 33179

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 Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2003

Date

Daytime Phone #

305 608-3461

March 24, 2004 *Pate*

CR2081 (01/04)

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JOHN MOVING, INC.
18353 NE 4 CT.
Miami, FL 33179

Thursday, March 04, 2004

To whom this may concern:

I Russell L. Tate of JOHN MOVING, INC. Is requesting , Waiver of the penalty of fee
Due to a change of Address. From: 1401 NW 175th Ter. Miami, FL 33169 to the present
address located at 18353 NE 4th Ct., Miami, FL 33179. As well as two(2) thefts see
Police contact cases Nos. 62275-83 that took place on the following dates 11/21/03
and 12/29/03. These thefts devastated our small business and our losses included three(3)
computers one which inhibited over seven(7) years of data with very little back-up. We
hope to survive these tragic incidents. We are requesting any and all good help to be
offered to a small black business.

Furthermore, Could you possibly direct us for Minority Business Aid.

THANK YOU,
MR. RUSSELL L. TATE

Enclosure

