

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000003757

1. Corporation Name

ALL MY SONS MOVING & STORAGE OF WEST PALM BEACH,
INC.

Principal Place of Business

Mailing Address

~~4721 WEST 10TH STREET~~
~~RIVIERA BEACH FL 33404~~

~~4721 WEST 10TH STREET~~
~~RIVIERA BEACH FL 33404~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
7656 Byron Dr. #B-1
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
7656 Byron Dr. #B-1
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 06/27/2000

City & State
Riviera Bch. FL.
Zip 33404 Country U.S.A.

City & State
Riviera Beach, FL.
Zip 33404 Country U.S.A.

5. FEI Number 65-1010714
Applied For
Not Applicable

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	DOMINGUEZ, PEDRO	1810 N.W. 131ST STREET	MIAMI FL
D	DUBBERLY, LINDA	20470 CORSAIR BLVD	HAYWARD CA
CD	PETERSON JR, ROBERT	8869 GREENWOOD PLACE, STE C	SAVAGE MD
PSTD	GEORGEDAKIS, SPERO	1721 WEST 10TH STREET <u>7656 Byron Dr. #B-1</u>	RIVIERA BEACH FL 33404

Please
Remove.

U2 UBR 1170

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date

11-1-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02

561-233-7900

CR2040 (8/02)

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All My Sons Moving & Storage

7656 Byron Dr. Suite B-1

Riviera Beach, FL. 33404

(561) 233-7900

Fax (561) 848-9251

October 29, 2002

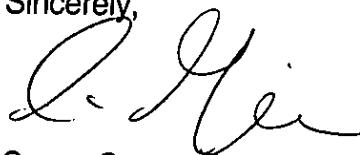
Department of State
Division Of Corporations
PO Box 6327
Tallahassee, FL. 32314

Dear Sir/ Madam,

Enclosed please find my application for reinstatement. You still have my previous address on file and there must have been problems with my mail being forwarded. This is the first correspondence that I have received from your office in reference to this matter. Per our conversation, I am requesting that you waive any penalty fees.

Your assistance is greatly appreciated and if you should require any additional information, please feel free to contact me.

Sincerely,



Spero Georgedakis
President