

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F25206

1. Corporation Name

INTER-AMERICAN MOVING SERVICES, INC.

FILED

01 OCT 18 PM 4:2525

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3601 N W 55 ST
MIAMI FL 33142

3601 N W 55 ST
MIAMI FL 33142



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1981

5. FEI Number

59-2072775

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	RIGNAULT, TERENCE A	6241 S W 20TH TERRACE	MIAMI, FL 00000
			300004662873--8 -11701701--01052--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MOSS, MARVIN I
1090 KANE CONCOURSE #202
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent

Name DAVID GLASBERG
Street Address (P.O. Box Number is Not Acceptable)
13605 S. DIXIE HWY.
Suite, Apt. #, Etc. #114-514
City MIAMI
State FL Zip Code 33176

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/01

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 #

10/15/01

305-633-8727

CR2E040 (8/01)

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LAW OFFICES
GLASSBERG & GLASSBERG, P.A.

13615 SOUTH DIXIE HIGHWAY
#114-514
MIAMI, FLORIDA 33176

DAVID M. GLASSBERG
LORI H. GLASSBERG
OF COUNSEL:
JAMES NEAL HUTCHINSON, JR.

(305) 669-9535
FAX (305) 669-0804

October 16, 2001

Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL 32314-6327

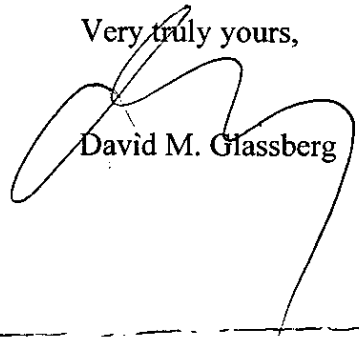
Re: Inter-American Moving Services, Inc.

Gentlemen:

This Law Firm represents Inter-American Moving Services, Inc. This Florida Corporation did not receive its 2001 Annual Report. We respectfully request that the Reinstatement Fee be deleted. I enclose our Client's check in the amount of \$150.00 and the Application for Reinstatement.

Thank you in advance for your cooperation in this matter.

Very truly yours,


David M. Glassberg

DMG/bal

cc: Inter-American Moving Services, Inc.