

F95000004/38

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CLASSIC MOVERS INCORPORATED
(Name of corporation - must include suffix)

W001 11/15/83
000001544770
-07/25/95--01023--016
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

AUDREY FAGAN

(Name of Person)

CLASSIC MOVERS INCORPORATED

(Firm/Company)

9811 MALLARD DRIVE, SUITE 211

(Address)

LAUREL MARYLAND 20708.

(City/State/Zip)

FILED
95 AUG 28 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

AUDREY FAGAN

(Name of Person)

at (301) 317-9003

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

July 25, 1995

AUDREY FAGAN
CLASSIC MOVERS INCORPORATED
9811 MALLARD DR., #211
LAUREL, MD 20708

SUBJECT: CLASSIC MOVERS INCORPORATED
Ref. Number: W95000014903

We have received your document for CLASSIC MOVERS INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

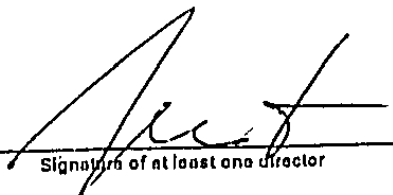
Letter Number: 995A00035284

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned JOSEPH KREIT, do hereby certify
that this Resolution of the Board of Directors of CLASSIC MOVERS INCORPORATED,
a corporation duly organized and existing under the laws of the State of MARYLAND,
was duly adopted on 8/4/95, 19 95.

Resolved, that CLASSIC MOVERS INCORPORATED, organized
and existing in the State of MARYLAND, hereby adopts the
name CLASSIC FLEET MOVERS INCORPORATED for use in Florida.

Dated: Aug. 4. 1995



Signature of at least one director

FILED
95 AUG 28 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. CLASSIC MOVERS INCORPORATED

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MARYLAND

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. 5/22/95

(Date of Incorporation)

5. "PERPETUAL"

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 9811 MALLARD DRIVE, SUITE 211

LAUREL, MARYLAND 20708

(Current mailing address)

TO SHUTTLE VEHICLES FOR CAR RENTAL COMPANIES, CAR DEALERSHIPS, AUCTIONS.

8. _____

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: PEDRO A. JAIMOT

Office Address: 701 S.W. 8th STREET

MIAMI, FLORIDA 33130.

, Florida, 33130
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
95 AUG 28 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: AUDREY D. FAGAN,

Address: 1220 Grove Avenue, Shady Side, MD 20764.

Director: JOSEPH KREIT

Address: 9730 Basket Ring, Columbia, MD 21045

Director: CYNTHIA STEER 1824 Metzertott Road, Adelphi, MD 20783.

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: AUDREY D. FAGAN

Address: 1220 GROVE AVENUE

SHADY SIDE, MARYLAND 20764.

Vice President: CYNTHIA STEER

Address: 1824 METZEROTT ROAD, #402

ADELPHI, MARYLAND 20783.

Secretary: JOSEPH KREIT

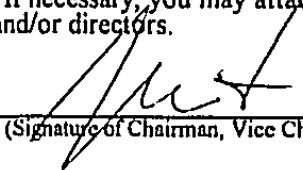
Address: 9730 BASKET RING,

COLUMBIA, MARYLAND 21045.

Treasurer: JOSEPH KREIT

Address: 9730 BASKET RING, COLUMBIA, MARYLAND 20764.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOSEPH KREIT
(Typed or printed name and capacity of person signing application)

95 AUG 28 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MARYLAND

385017

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

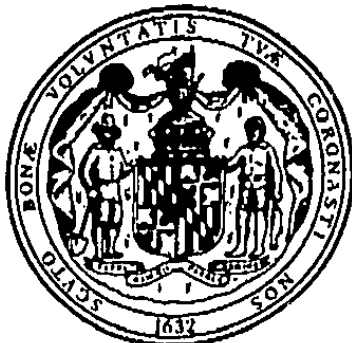
I, LEAH HAMM-CURRY OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR THE RIGHT OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS DEPARTMENT CLASSIC MOVERS INCORPORATED FILED ARTICLES OF INCORPORATION WITH DEPARTMENT ON MAY 22, 1995.

I FURTHER CERTIFY THAT CLASSIC MOVERS INCORPORATED IS IN GOOD STANDING WITH THIS DEPARTMENT AT THE TIME OF THIS CERTIFICATE.

FILED
95 AUG 28 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 22ND DAY OF AUGUST, 1995.

Leah Hamm-Curry
LEAH HAMM-CURRY
OFFICE SUPERVISOR II

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 29 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004138

1 Corporation Name

CLASSIC FLEET MOVERS INCORPORATED

Principal Place of Business

9011 MALLARD DR., #211
LAUREL MD 20700

Mailing Address

9011 MALLARD DR., #211
LAUREL MD 20700

If no addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1995

5. FEI Number

52-1936197

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD C	FAGAN, AUDREY D	1220 GROVE AVE.	SHADY SIDE MD 20764
STD	KREIT, JOSEPH	9730 BASKET RING	COLUMBIA MD 21045
VD	STEER, CYNTHIA	1824 METZEROTT RD., #402	ADELPHI MD 20783
PD	SEPP JANCSIK	9405 FERN HOLLOW WAY	GAITHERSBURG, MD 20870

000001995580--6

11/05/96-01018-028

****375.00 ****375.00

09/27/96

8. Name and Address of Current Registered Agent

JAIMOT, PEDRO A
701 SW 8TH ST.
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

KARL KUPEC

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

1353 Bayview Drive

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

KARL KUPEC

REGISTERED AGENT/MUST SIGN

Date 09/27/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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.

SEPP JANCSIK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/96

Date

Daytime Phone #