PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV 12 PM 11:22
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000100**

1. Corporation Name

SCHAAP MOVING SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~140 155 RAILROAD AVE.~~ ALBANY NY 12205	~~140 155 RAILROAD AVE.~~ ALBANY NY 12205

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
6 Brown Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Albany NY	City & State
Zip: 12205 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/1996

5. FEI Number: 14-1465618 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	SCHAAP, THEODORE L	43 BEECKWOOD CT.	CLIFTON PARK FL 12065
V	SCHAAP, STEVEN P	427 VISCHERS FERRY RD.	CLIFTON PARK NY 12065
S	SCHAAP, PAMELA M	12 STOCKTON CT.	CLIFTON PARK NY 12065

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-11/18/97--01080--007
****758.75 ****758.75
REINSTATEMENT 97
SC 11-12-97

8. Name and Address of Current Registered Agent

~~BONAVITA, SALVATORE~~
~~2442 ROCKFILL RD.~~
~~FT MYERS FL 33916~~

9. Name and Address of New Registered Agent

Name: Carl DeLucia
Street Address (P.O. Box Number is Not Acceptable): 2442 Rockfill Rd.
Suite, Apt. #, Etc.:
City: Ft. Myers State: FL Zip Code: 33916

CR2E040 (8/97)

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 X Carl DeLucia Date 11/7/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receivor 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: Steven P. Schaap 11/4/97 518 459-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Schaap
Moving Systems
2442 Rockfill Road
Ft. Myers, FL 33916
(941) 332-3878

UNITED
UNITED
UNITED®
Van Lines

November 7, 1997

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

Gentlemen:

Please send the Certificate of Status, plus all further mailings to this address:

Schaap Moving Systems, Inc.
2442 Rockfill Road
Ft Myers, FL 33916

Very truly yours,

Theodore L. Schaap, C.E.O.