

1650

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 29 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000100

## 1. Corporation Name

Schaap Moving Systems Inc

REINSTATEMENT 97-03

## 2. Principal Office Address

2442 Rockfill Road

Suite, Apt. #, etc.

## 3. Mailing Office Address

Suite, Apt. #, etc.

## City &amp; State

FT Myers FL

## City &amp; State

Same

## Zip

33916

## Country

USA

## Zip

## Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

## 5. FEI Number

141465618

## 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

Damien T Drennan

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

2442 Rockfill RD

## Suite, Apt. #, Etc.

## City

FT Myers

## State

FL

## Zip Code

33916

## 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

REGISTERED AGENT MUST SIGN

Date

## 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
Pres	Steve Schaap	6 Brown Road	Albany, NY 12205
Vice-pres	Damien T Drennan	2442 Rockfill RD FT Myers FL 33916	FT Myers, FL 33916
cto	Al Fish	6 Brown RD	Albany, NY 12205
S	Pamela Schaap	6 Brown RD	Albany, NY 12205

## 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Damien T Drennan

7/28/03

Date

(239)  
332-3878

Daytime Phone #

CR2E081 (10/02)

7/28/03