

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30925

1. Corporation Name

A. Accredited Metcalf Moving & Storage
Company, Inc.

Principal Place of Business

7331 Presidents Drive
P.O. Box 593068
Orlando, FL 32809

Mailing Address

7331 Presidents Drive
P.O. Box 593068
Orlando, FL 32809

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

2. New Principal Office Address, if Applicable

109 Rough Lane

Suite, Apt. #, etc.

3. New Mailing Address, if Applicable

109 Rough Lane

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1986

5. FEI Number

58-1696994

Applied For

Not Applicable

City & State

Haines City, FL

City & State

Haines City, FL

Zip

33844

Country

Polk

Zip

33844

Country

Polk

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Metcalf, Allen A.	109 Rough Lane	Haines City, FL
T/S	Metcalf, Corinne J.	109 Rough Lane	Haines City, FL
V	Metcalf, Allen Jr.	1255 E. Hwy #36	St. Paul, MN 55109

100002008781--2
-11/19/96--01162--002
****375.00 ****375.00

8. Name and Address of Current Registered Agent

Page, Thomas P.
1220 Sun Bank Center
200 S. Orange Ave.
Orlando, FL 32802

9. Name and Address of New Registered Agent

Name

Harrison T. Slaughter, Jr.

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

Leventhal & Slaughter, P.A.

Suite, Apt. #, Etc.

111 North Orange Ave. Suite 700

City

Orlando

State

FL

Zip Code

32801

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]

REGISTERED AGENT MUST SIGN

Date

11/18/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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

NOV 6 1996 6:12 484 0211

Date

Daytime Phone #

CR2340 (12/95)