

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J36589

1. Corporation Name

ALL POINTS MOVING & STORAGE, INC.

Principal Place of Business

5151 SHAWLAND ROAD  
JACKSONVILLE FL 32254  
US

Mailing Address

5151 SHAWLAND ROAD  
JACKSONVILLE FL 32254  
US



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

10/07/1986

5. FEI Number

59-2924145

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
PST	CROOK, KATTIE S.	5151 SHAWLAND ROAD	JACKSONVILLE FL
			400025504534 12/15/03--01036--022 **150.00

8. Name and Address of Current Registered Agent

CROOK, KATTIE S  
5151 SHAWLAND RD  
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kattie Crook*  
REGISTERED AGENT MUST SIGN

Date 12/11/03

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:

*Kattie Crook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/03

Daytime Phone #

CR2E040 (7/03)

**All Points Moving & Storage**

5151-A Shawland Road  
Jacksonville, Florida 32254  
(904) 693-3340

December 11, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

Gentlemen:

Enclosed is application for reinstatement and check in the amount of \$150.00 for the filing fee.

We ask that the penalty be waived as we have no record of receiving the prior Uniform Business Report notices.

Thank you.

Sincerely,

  
Kattie Crook  
President