

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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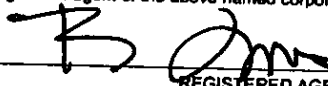
REINSTATEMENT 98-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K04105			
1. Corporation Name THE ORIGINAL APARTMENT MOVERS, INC			
2. Principal Office Address 4946 E. HILLSBOROUGH		3. Mailing Office Address 415 E. AIRPORT FWY.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 400	
City & State TAMPA		City & State IRVING, TX	
Zip 33610	Country	Zip 75062	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/30/1987	
5. FEI Number 752268167	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 RODGER ALTON JOHNSON		
Street Address (P.O. Box Number is Not Acceptable) 4946 E. HILLSBOROUGH AVE.		
Suite, Apt. #, Etc.		
City TAMPA		State FL
		Zip Code 33610

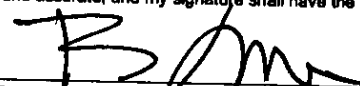
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **7.10.02**

REGISTERED AGENT MUST SIGN

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	RODGER JOHNSON	4946 E. HILLSBOROUGH	TAMPA, FL 33610
SECRET	RODGER JOHNSON	4946 E. HILLSBOROUGH	TAMPA, FL 33610

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:  (214)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **7.10.02** **679.8600**
Date Daytime Phone #

CR2E081 (9/01)

7/11/02