PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG -5 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K06393

1. Corporation Name
ART's moving of SARASOTA INC

2000-2002 VBR

2. Principal Office Address	3. Mailing Office Address
8731 Peggy Ave	8731 Peggy Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SARASOTA, FL	SARASOTA, FL
Zip: 34231 Country: USA	Zip: 34231 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0021397-180612 ☐ 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: KATHY J GRANT

300007075513--4
-08/13/02--01041--011
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 8731 Peggy Ave

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34231

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: Kathy J Grant — REGISTERED AGENT MUST SIGN — Date: 8/1/2002

CR2E081 (8/01)

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	KATHY J GRANT	8731 Peggy Ave	SARASOTA, FL 3423
V/P	JAMES GRANT	6233 AVENTURA DR	SARASOTA, FL 3424
Tre	Tim GRANT	8731 Peggy Ave	SARASOTA, FL 3423

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: Kathy J Grant — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8/1/2002 Date — (941) 918-8883 Daytime Phone #