


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 9:00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-05

DOCUMENT # L00000001890

1. Limited Liability Company's Name
Five Star MOVER'S LLC

2. Principal Office Address
12902 US Hwy 301S
Suite, Apt. #, etc.

3. Mailing Office Address
12902 U.S. Hwy 301S
Suite, Apt. #, etc.

City & State
Riverview Florida

Zip 33569 **Country** U.S.

4. State/Country of Formation
Florida U.S.

5. Date Organized or Qualified To Do Business in Florida
12/15/2000

6. FEI Number 59-3624370
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Robert L. Berrien JR.

Street Address (P.O. Box Number is Not Acceptable)
1821 Cadillac Cir.


Suite, Apt. #, Etc.

City Tampa

State FL **Zip Code** 33619

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

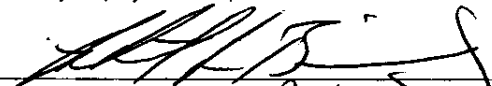
Signature of Registered Agent  **Date** 1/23/2005

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Robert L. Berrien SR	5910 VEL ST.	Wimauma FL 33598
mgrm	Robert L. Berrien JR	1821 Cadillac CIR	Tampa FL 33619

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager  **Date** 01/23/05 **Daytime Phone #** 813-494-4794

Typed or printed name of signing Managing Member/Manager Robert L. Berrien JR

CR2E041 (10/02)