

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 8:56

1. DOCUMENT # L01000013516

Name and Mailing Address

0005995 01 FP 0.352 \*\*PRSR T8 0 0615 34238-373451

RELOCATORS MOVING & STORAGE SYSTEMS, LLC

5160 NORTHRIDGE ROAD, STE. 201  
SARASOTA FL 34238-3734

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300009744333  
12/30/02--01084--010 \*\*150.00



2. New Mailing Address <u>Same</u> City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5160 NORTHRIDGE ROAD, STE. 201 SARASOTA FL 34238		5. Date Organized or Qualified To Do Business in Florida 08/14/2001	
3. New Principal Place of Business Address <u>Same</u> City, State, Zip		6. FEI Number 65-1129839 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <u>James A. Savin</u> Street Address (P.O. Box Number is Not Acceptable) <u>5160 Northridge Road # 201</u> City <u>SARASOTA</u> FL Zip Code <u>34238</u>			
10. 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 <u>[Signature]</u> Date <u>Dec 26/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALEXANDER SAVIN, JAMES	5160 NORTHRIDGE ROAD, STE. 201	SARASOTA FL 34238

REINSTATEMENT

12. 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 Dec 26/02 Daytime Phone # 941-925-4012

Typed or printed name of signing Managing Member/Manager

JAMES A. SAVIN