

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L63462			
1. Corporation Name RIGHT WAY MOVING & DELIVERY INC.			
Principal Place of Business 3701 N.W. 124TH AVENUE 4800 NE 11TH AVE., STE. 16-17 CORAL SPRINGS FL 33065 US		Mailing Address 3701 N.W. 124TH AVENUE 4800 NE 11TH AVE., STE. 16-17 CORAL SPRINGS FL 33065	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
4. Date Incorporated or Qualified To Do Business in Florida 04/03/1990		5. FEI Number 65-0185785	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors BERGE, L. KYLE	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 4800 NE 11TH AVE.	4 City / State / Zip FT LAUDERDALE FL
VD	LARRY BERGE	4800 NE 11TH AVE.	FT LAUDERDALE FL
STD	PATRICIA A. BERGE	4800 NE 11TH AVE.	FT LAUDERDALE FL
			600002746966-1 -01/19/99-01142-028 ****150.00 ****150.00
			600002746966--1 -01/19/99-01142-029 ****750.00 ****750.00
8. Name and Address of Current Registered Agent BERGE, L. KYLE 4800 NE 11TH AVE. SUITE 16-17 FT. LAUDERDALE FL 33334		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.			
Signature of Registered Agent <i>L. Kyle Berge</i>		Date _____	
REQUIRED REGISTERED AGENT MUST SIGN		(See other side for information on intangible tax.)	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. 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: <i>Patricia A. Berge</i>		Date <i>12/9/98</i> Daytime Phone # <i>1-800-773-6684</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

99 JAN 11 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *04/03/1990
11/11/98*

CR2E040 (9/98)