

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 28 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84131**

1. Corporation Name

AAA FATHER & SONS MOVING & STORAGE, CO.

Principal Place of Business

~~110 TOMAHAWK DR
SUITE B
INDIAN HARBOR BCH FL 32907
US~~

Mailing Address

~~AAA FRANK & SONS MOV CO
110 TOMAHAWK DR SUITE B
INDIAN HARBOR BCH FL 32907
US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

7801 Ellis Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7801 Ellis Rd.

Suite, Apt. #, etc.

City & State

West Melb. Fl.

Zip Country

32904

City & State

West Melb. Fl.

Zip Country

32904

4. Date Incorporated or Qualified To Do Business in Florida

0028/1988

5. FEI Number

59-3017107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	TODISCO, FRANK, SR.	109 BAY DRIVE, N.	INDIAN HARBOR BCH FL
D	TODISCO, MICHAEL	109 BAY DRIVE, N.	INDIAN HARBOR BCH FL
D	TODISCO, CAROL ANN	109 BAY DRIVE, N.	INDIAN HARBOR BCH FL

200001998842--5
-11/07/96--01026--023
***375.00 ***375.00

8. Name and Address of Current Registered Agent

**LANFORD, J. SCOTT
SPECTRUM CENTRE, SUITE 201
200 S HARBOR CITY BOULEVARD
MELBOURNE FL 32901**

9. Name and Address of New Registered Agent

Name
J SCOTT LANFORD, P.A.
Street Address (P.O. Box or other address)
3125 W. NEW HAVEN AVE #200
Suite, Apt. #, Etc.
W. MELBOURNE, FL 32904
City
FL State 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

Frank Todisco

REGISTERED AGENT MUST SIGN

Date **9/26/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

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:

Frank Todisco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK TODISCO SR.

9/26/96
Date

407-722-9190
Daytime Phone #