

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 PM 4:30

DOCUMENT # L95355

1. Corporation Name

DEVRIES MOVING & STORAGE, INC.

Principal Place of Business

1593 VILLAGE GREEN DR
PORT ST. LUCIE FL 34952
US

Mailing Address

1593 VILLAGE GREEN DR
PORT ST. LUCIE FL 34952
US

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1990

5. FEI Number

65-0214389

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| DPT | DEVRIES, RONALD P. | 2162 WATERCREST ST | PORT ST. LUCIE FL |
| DVS | DEVRIES, JERILYN | 2162 WATERCREST ST | PORT ST. LUCIE FL |
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| | | | |

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***150.00 ***150.00

8. Name and Address of Current Registered Agent

DEVRIES, RONALD
1593 VILLAGE CREEK DR
SUITE 240
PORT ST LUCIE FL 34952

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

Ronald Devries
REGISTERED AGENT MUST SIGN

Date

10/20/99

11. 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:

Ronald Devries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99

Daytime Phone #

561
335-3090

Authorized Agent for:



October 20, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I spoke to your office yesterday and they explained to me that I needed to send you a letter explaining that I have not received any other notice from your office except for the notice of dissolution of our corporation. I am enclosing the \$150.00 fee, per my conversation with your office, for each of our corporations, which are as follows, DeVries Moving & Storage, and Atlantic Moving Services. If you have any question please contact me at 561-335-3090. Could you also let me know if I still need to send you any additional information? Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald DeVries". The signature is fluid and cursive, with the first name "Ronald" and last name "DeVries" clearly distinguishable.

Ronald DeVries
President