

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000 39673

1. Corporation Name

Florida Suncoast Van Lines, Inc

2. Principal Office Address

1717 East Busch Blvd

Suite, Apt. #, etc.

201

City & State

Tampa, Florida

Zip

33612

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

06 MAR 20 11:10:40

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

14 Mar 00

5. FEI Number

59-3639938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary LaPlant

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

402 Hillside Dr.

Suite, Apt. #, Etc.

City

Seffner, Florida

State

FL

Zip Code

33584

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

GARY LAPLANT

REGISTERED AGENT MUST SIGN

Date 15 Mar 06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/D	Gary LaPlant	402 Hillside Dr.	Seffner, FL 33584
			200069059372
			03/30/06--01054--008 **1508.75
			B 3/23/06
			REINSTATEMENT 01-06

10. 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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary LaPlant 15 Mar 06 813-3138741

Date

Daytime Phone #