

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040420

1. Corporation Name

Cummings Moving Co., Inc.

2. Principal Office Address

8221 Kipling St.

Suite, Apt. #, etc.

3. Mailing Office Address

8221 Kipling St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

USA

Zip

32504

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2000

5. FEI Number

593376371

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

Emily M. Robertson

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

8221 Kipling St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

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

Emily M. Robertson  
REGISTERED AGENT MUST SIGN

Date

12/18/02

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/D	Stephen T. Cummings	7185 Schwab Dr.	Pen./FL/32504
V/M	Brian Remick	2051 Andy Rd.	Cant./FL/32533
T/S	Emily M. Robertson	207 Tennessee Dr.	Pen./FL/32505

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-02 850-471-2007

Daytime Phone #