

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000 43531

1. Corporation Name

PACK + MOVE, INC.

5733 Inverness Cir
5733 Inverness Cir

2. Principal Office Address
5733 Inverness Cir

3. Mailing Office Address
5733 Inverness Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Fort Myers, FL

City & State

Zip
33903

Country
Lee

Zip

Country

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 05/15/2000

5. FEI Number
65-1003583

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
Audrey Lovell

Street Address (P.O. Box Number is Not Acceptable)
5733 Inverness Cir

Suite, Apt. #, Etc.

City
North Fort Myers

State
FL

Zip Code
33903

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

Audrey Lovell

REGISTERED AGENT MUST SIGN

Date

7/12/04

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
Pres	Chris Lovell	517 SE 17 Pl	Cape Coral, FL 33990
Dir	Audrey Lovell	517 Se 17 pl	Cape Coral, FL 33990
Vice	James Lovell	" "	" "
			200039256152 07/16/04--01042--008 **908.75

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:

Audrey Lovell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

239

5736000

Daytime Phone #

CR2E081 (01/04)