

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

108
FILED

01 DEC 24 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093654

1. Corporation Name

HURRICANE MOVING & TRANSFERS, INC.

Principal Place of Business

5017 EDGEWATER DRIVE
ORLANDO FL 32810

Mailing Address

5017 EDGEWATER DRIVE
ORLANDO FL 32810

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

09/25/2000

5. FEI Number

59-367-5513

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	CAPE, HILLERY S	5049-EDGEWATER DRIVE 5017	ORLANDO FL 32810
ST	EVERETTE, DELORES A	5049-EDGEWATER DRIVE 5017	ORLANDO FL 32810
			100004765461--0 -01/10/02--01077--009 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

MORRISON, CHRISTOPHER H
7100 SOUTH U.S. HIGHWAY 17-92
FERN PARK FL 32730

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILLERY E CAPE (Pres)

Date

Daytime Phone #

12-14-01 (407) 925-3823

CR2E040 (8/01)

Divison of Corporations
409 East Gains St
Tallahassee, Fl 32399

202

This letter is to ask for a Request to wave
penalties for the corporation, as we
never received this .

As per Hurricane Moving & Transfers Inc.
enclosed is our form and payment of \$150.00

Thank you

Hillery Capes
Hillery Capes