PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P00000093654 1. Corporation Name Hurricane Moving & Transfers, Inc. 2. Principal Office Address - No P.O. Box # 15006 Melody Lane Suite, Apt. #, etc. Suite, Apt. #, etc. City & Statue Apopka, Florida Zip 32703 Country USA 7. Name and Address of Current Registered Agent Name Charles D. Greene Sireel Address P A Rew Number is Not Acceptable) Suite, Apt. #, etc. The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. I. being appointed the registered agant 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 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Street Addresses of Each Name of Street Addresses of Each Street Address of Each Street Address of Each Name of Street Addresses of Each Street Address of Each Street Address of Each Street Address of Each Street Address of Each City (Stale / Zip C	2 : 5 <i>t</i>
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Name of Street Address of Each	_
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Officers and/or Directors Officer and/or Director	
PV Hillery S. Capes 1506 Melody Lane Apopka, FL 32703	
ST Delores A. Everette 1506 Melody Lane Apopka, FL 32703	
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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 filling 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 feed 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 indication this application is true and against and my signature shall have the same legal effect as if made under oath.	s
SIGNATURE: Hillery S. Capes 04/02/2007 321-231-1993	-