

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000093654

1. Corporation Name

Hurricane Moving & Transfers, Inc.

2. Principal Office Address - No P.O. Box #

1506 Melody Lane

Suite, Apt. #, etc.

City & State

Apopka, Florida

Zip

32703

Country

USA

3. Mailing Office Address

1506 Melody Lane

Suite, Apt. #, etc.

City & State

Apopka, Florida

Zip

32703

Country

USA

7. Name and Address of Current Registered Agent

Name

Charles D. Greene

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

4476 Fairview Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

Charles D. Greene

REGISTERED AGENT MUST SIGN

Date 04/02/2007

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
PV	Hillery S. Capes	1506 Melody Lane	Apopka, FL 32703
ST	Delores A. Everette	1506 Melody Lane	Apopka, FL 32703

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:

Hillery S. Capes

Hillery S. Capes

04/02/2007

321-231-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 APR -6 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900097577839

04/19/07--01036--007 **1500.00

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

59-3675513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.