

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



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

FILED

02 MAY 29 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094544

1. Corporation Name

A AALL STAR MOVERS, INC.

2. Principal Office Address

10280 Bayshore RD  
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 3231  
Suite, Apt. #, etc.

City & State

N. FT. MYERS FL

City & State

N. FT. MYERS, FL

Zip

33917

Country

LEE

Zip

33918

Country

LEE

4. Date incorporated or Qualified To Do Business in Florida

JAN 1, 2001

5. FEI Number

651070359

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

PAUL H. MARTIN

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

10280 Bayshore RD

Suite, Apt. #, Etc.

100005972691-8

-06/25/02--01047--019

\*\*\*\*300.00 \*\*\*\*300.00

City

N. FT. MYERS

State

FL

Zip Code

33918

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent

*Paul H. Martin*

REGISTERED AGENT MUST SIGN

Date

5/21/02

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	PAUL H. MARTIN	10280 Bayshore RD	N. FT. MYERS FL 33917
S	Callen E. MARTIN	10280 Bayshore RD	N. FT. MYERS FL 33917
			201.25 AR
			10.00 AR AR AR
			88.75 AR

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

*Paul H. Martin* PAUL H. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

941 543-5001

Daytime Phone #

CR2E081 (9/01)

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A AA ALL STAR MOVERS, INC.



LEE (941) 543-5001  
COLLIER (941) 775-4743

CELL # (941) 822-4355  
TOLL FREE 1-(866) 565-5001

5/21/02

To whom it may concern,  
We did NOT receive a previous  
Uniform Business Report for the  
year 2001 or 2002 AT THIS TIME  
I UNDERSTAND THAT BY NOT RECEIVING THAT  
REPORT I CAN BE REINSTATED AT 150<sup>00</sup>  
FOR 2001 SO I AM ENCLOSEING THAT  
AMOUNT PLUS 150<sup>00</sup> FOR THE YEAR 2002.  
TOTAL 300<sup>00</sup> DOLLARS, PLUS I WANT  
THE CERTIFICATE OF STATUS FOR THE  
EXTRA AMOUNT OF \$8.75 WHICH I WILL  
ENCLOSE SEPERATE.

I thank you  
Earl H. Martin  
President