

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 12:12

DOCUMENT # P00000094936

1. Corporation Name

DJ'S MOVING SERVICE, INC.

Principal Place of Business

1702 S. WASHINGTON AVE.
TITUSVILLE FL 32780

Mailing Address

1702 S. WASHINGTON AVE.
TITUSVILLE FL 32780



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2805 St. Marks Dr.~~

Suite, Apt. #, etc.

~~Titusville, FL~~

City & State

~~32780~~

Zip

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2000

5. FEI Number

593678274

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
D	MANGANO, DAWN A	2805 ST. MARKS	TITUSVILLE FL 32780

000004698690--7
-11/29/01--01063--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

EVANS, JOHN H
1702 S. WASHINGTON AVE.
TITUSVILLE FL 32780

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

10/25/01

AD

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:

Dawn Mangano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-01

Daytime Phone #

321-383-8872

CR2E040 (8/01)

Dawn Mangano, President
DJ's Moving Service, Inc.
2805 St. Marks Drive
Titusville, FL 32780

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 26, 2001

Dear Sirs:

This letter is being written per the instructions of the representative I spoke with from your office on October 22, 2001. Also included is a check in the amount of \$150.00, the fee I was quoted to reinstate my corporation.

On Friday, October 19th I received a notice of Administrative Dissolution. This notice was the first notice I received. It was sent from the Florida Department of State to my attorney's office and then forwarded to me. The reinstatement form I am returning will include a change of 'Principle Place of Business' address from his address to mine.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Dawn Mangano". The signature is written in dark ink and is positioned below the word "Sincerely,".

Dawn Mangano, President
DJ's Moving Service, Inc.