

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -9 PM 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098502

1. Corporation Name

K & G MOVING & STORAGE CO
5000 SE FEDERAL HWY LOT 2202
STUART FL 34997

400088459724
02/16/07--01003--006 **458.75

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

5000 SE FEDERAL HWY

3. Mailing Office Address

2929 SE OCEAN BLVD

Suite, Apt. #, etc.

LOT 2202

Suite, Apt. #, etc.

APT I 9

City & State

STUART-FL

City & State

STUART- FL

Zip

34997

Country

Zip

34996

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCT 19, 2000

5. FEI Number

59-3673782

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.

7. Name and Address of Current Registered Agent

Name

KOLLAR, ISTVAN

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

2929 SE OCEAN BLVD

Suite, Apt. #, Etc.

APT I 9

City

STUART

State

FL

Zip Code

34996

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

[Signature]

Date 02-07-07

REGISTERED AGENT MUST SIGN

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
PVST	KOLLAR, ISTVAN	2929 SE OCEAN BLVD # I 9	STUART FL 34996

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-07 (772)532-1728

Date

Daytime Phone #