2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000115298 1. Entity Name WORLD MOVING SERVICES, INC.				'	FILED TARY OF STATE OF CORPORATIONS 25 PM 2: 34	
Principal Place of Business 6306-6308 POWERLINE ROAD FORT LAUDERDALE, FL 33309 Mailing Address 6306-6308 POWERLINE ROAD FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309					25 (1) 2-34	
Principal Place of Business 3.		Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10212004 REIN-P	CR2E098 (6/04)	
City & State		City & State		4. FEI Number 65-0995745	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi	red S8.75 Additional Fee Required	
	6. Name and Address of Current Reg	stered Agent	N/	7. Name and Address of N		
ELKIN, STEVE			Name			
	STH COURT ION, FL 33324		Street Address ((P.O. Box Number is Not Acceptable)	
			City		Zip Code	
City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
NAME STREET ADORESS CITY-ST-ZIP	LEE, COLETTE 6306-6308 POWERLINE ROAD FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30004 10/25/040	Change Addition -2165753 1086007 **150.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP SOLAZO, TONY 1201 S POWERLINE RD POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:				10-21-04	During Dr	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytima Phona #						

10/2100