FILED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	F	PLEASE READ A	ALL INSTR	RUCTION	IS BEFORE				:	
	PORATION	ENT	Se Divisi	cretary of		E [•	AM II : 28 Y OF STATE EE, FLORIDA		
1. Corporati	4	# P0000	00 1152	294		91	0001 4/03—0	.177774 1031002 *	: 9 •300.00	
_ ,	Office Addre	ss line Road	3. Mailing Off 1201 S 1	rice Address Powerline Road					•	
Suite, Apt. #, etc. Suite. Apt. #, etc. 290				lc.	تبد ماد		ate Incorporated or Qualified o Do Business in Florida			
City & State City & Pompano Beach City &				o Beach	5. FEI Num	· · · · · · · · · · · · · · · · · · ·		Applied Fo Not Applied		
Zip 33069		Country Broward	33069		ountry Froward	6. CERTIFICA	ATE OF STATU	IS DESIRED 🗹 \$8.75 A	dditional Fee red Certificate of Stal	
	Street Add	teve Elkin dress (P.O. Box Number is Now the state of th	lot Acceptable)	7805 S.V	V 6th Court		State FL	Zip Code 33324		
Signature of Registered	of Agent		REGISTERED AG	ENT MUST SI	GN		Date			
9. Names	s and Street	Addresses of Each Officer at Name of Officers and/or Director		orida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director			-	City / State / Zip		
Pres.	Milton Campis			1201 S Powerline Road Suite 290			Fort	Fort Lauderdale FL. 33069		
V.P	Tony Solazo			1201 S Powerline Road Suite 290			Fort	Lauderdale FL. 3	3069	
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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 feetowed 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #

February 3, 2003

Department of State Division of Corporation 409 East Gaines St. Tallahassee, Florida 32399

Re: FEI Number 65-0995745

To Whom It May Concern: --

We are requesting our annual report be sent to 1201 S. Powerline Road, Suite 290, Pompano Beach, Florida 33069, as it was not received from our Margate address. When inquiring about report we found that our company has been dissolved. Attached is a check in the amount of \$300.00 to reinstate World Moving Services, Inc.

Best regards,

Milton Campis