2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000024372

FILED Oct 17, 2006 Secretary of State

Entity Name: PORTABLE SELF MOVING AND STORAGE CORPORATION

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
9601 NW 1 MIAMI, FL	12TH AVE 33178				
Current Mailing Address:			New Mailing Address:		
9601 NW 1 MIAMI, FL	12TH AVE 33178				
FEI Number:	65-1085806	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PAULEY, N 11450 NW MIAMI, FL	34 ST				
The above in the State		ubmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: MONICA F	PAULEY			
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () PAULEY, MONIO 11450 NW 34 S MIAMI, FL 3317	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () PAULEY-SCALIA 11450 NW 34 S MIAMI, FL 3317	Γ [′]	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () NICHOLS, CALIX 9601 NW 112TH MIAMI, FL 3317	I AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () PAULEY, ROBE 9601 NW 112TH MIAMI, FL 3317	IAVE		(X) Change ()Addition WAGNER, PATRICIA J W 83 STREET L 33321	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA PAULEY PD 10/17/2006