

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054324

1. Corporation Name

NATIONWIDE MOVING INC

500161981815
10/21/09--01028--012 **758.75

REINSTATEMENT 05-09
CRZE081 (12/08)

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

720 S PARK RD

3. Mailing Office Address

720 S PARK RD

Suite, Apt. #, etc.

APT 15117

Suite, Apt. #, etc.

APT 15117

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2001

5. FEI Number
65-1117353

☐ 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
BRACHA, VICTOR

Street Address (P.O. Box Number is Not Acceptable)
720 S PARK RD

Suite, Apt. #, Etc.
APT 15117

City
HOLLYWOOD

State Zip Code
FL 33021

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

REGISTERED AGENT MUST SIGN

Date 10/19/2009

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
P	VICTOR BRACHA	720 S PARK RD APT 15117	HOLLYWOOD FL 33021
			JC 10/21

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR BRACHA

10/19/2009

Date

954-610-0200

Daytime Phone #