

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR 30. AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P-01000063415

**1. Corporation Name**

C & I Transportation and Moving, Inc.

**2. Principal Office Address**

7900 NW 68th Ave

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Tamarac, Florida

**City & State**

**Zip**

33321

**Country**

USA

**Zip**

**Country**

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

06/25/01

**5. FEI Number**

65-1123131

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

9/19/02 90161 022-150.00

**7. Name and Address of Current Registered Agent**

**Name**

Claude Duperier

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

7900 NW 68th Ave

**Suite, Apt. #, Etc.**

**City**

Tamarac

**State**

FL

**Zip Code**

33321

**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** 04/24/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres.	Claude Duperier	7900 NW 68th Ave	Tamarac, FL 33321

**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 under section 119.07(3)(l), 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

04/24/03

Date

954-805-8214

Daytime Phone #

CR2E081 (10/02)

valZ

04/24/03

Florida Dept. Of State

Re: Reinstatement of Business

To Whom It May Concern,

I am sending this letter along with a reinstatement form and a check for \$150.00 for reinstatement of my business.

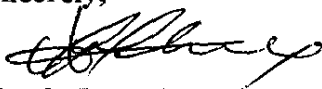
Last year, I never received my Uniform Business Report until late in the year when I received a late notice. I contacted your office and was told to send a letter stating this along with a check for \$150.00. I sent the form and letter along with payment, but apparently box 4 wasn't filled out. A letter was sent to me telling me this, but I never received it either. Because I didn't respond to the letter, my company was dissolved, even though I paid the annual fee.

There would be no reason why I wouldn't respond if I received the letter because it was already paid for.

Please reinstate my company to active status.

If you have any questions, please contact me at 954-805-8214. Also, please make sure the address you have listed for me is correct.

Sincerely,



Claude Duperier

C & I Transportation and Moving, Inc.  
7900 NW 68<sup>th</sup> Ave  
Tamarac, Fl 33321