PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -7 PM 1:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000078861

1. Corporation Name

FAMILY MOVING & STORAGE, INC.

REINSTATEMENT 03-04

800032093378
04/07/04--01034--004 **308.75

2. Principal Office Address		**3.** Mailing Office Address	
18151 N.E. 31 COURT			
Suite, Apt. #, etc. 403		Suite, Apt. #, etc.	
City & State AVENTURA		City & State FL	
Zip 33160	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
01-0705544

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
STANLEY I. FOODMAN, CPA

Street Address (P.O. Box Number is Not Acceptable)
1201 BRICKELL AVENUE

Suite, Apt. #, Etc.
610

City	State	Zip Code
MIAMI	FL	33131

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 Stanley I. Foodman Date 4/5/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/S/D	JAN COSTA	18151 N.E. 31 COURT, #403	MIAMI, FL 32314
VP	ERIK COSTA	6801 SW 22 STREET	MIRAMAR, FL

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)(i), 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: Jan Costa 4/5/04 786-428-6683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Stanley I. Foodman
Certified Public Accountant
Certified Fraud Examiner

April 5, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Family Moving & Storage, Inc.
#P01000078861
Reinstatement

To Whom It May Concern

Enclosed please find the following for the above referenced corporation:

1. Corporate Reinstatement Application.
2. A check in the amount of $308.75 to cover the costs of reinstatement.

The Corporation did not receive the UBR for which it was administratively dissolved on September 19, 2003. Therefore, we respectfully request a waiver of the normal reinstatement fee of $750.00 and acceptance of the $308.75 enclosed check as full payment for reinstatement.

Sincerely,

Stanley I Foodman

1201 Brickell Avenue, Suite 610
305.365.1111
800.636.0291
Fax 305.365.2244
Email sfoodman@bellsouth.net