


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 2002-2005			<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P01000087151				
<b>1. Corporation Name</b> Mitchell's Professional Low Cost Movers Inc. 220 Lee Avenue NE Winter Haven, FL 33881				
<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED

05 MAY -9 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600054101416  
05/09/05--01001--017 \*\*100.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/5/01	
<b>5. FEI Number</b> 59-3742091	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Mitchell Bess		
Street Address (P.O. Box Number is Not Acceptable) 220 Lee Avenue NE		
Suite, Apt. #, Etc.		
City Winter Haven	State FL	Zip Code 33881

600054101416  
05/09/05--01001--018 \*\*500.00

<b>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.</b>	
Signature of Registered Agent <i>Mitchell A. Bess</i>	Date <i>5/5/05</i>
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Mitchell Bess	220 Lee Ave. NE	Winter Haven FL 33881

<b>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.</b>			
<b>SIGNATURE:</b> <i>Mitchell A. Bess</i>		<i>5/5/05</i>	<i>863-294-4399</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)

*W/attach.*

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Web - [www.LyncoTax.com](http://www.LyncoTax.com)  
Fax (863) 298-8299

May 5, 2005

FL Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327  
ATTN: Ms. Karon Byer

RE: Annual Report/Reinstatement  
Mitchell's Professional Low Cost Movers Inc. Fedl ID #59-3742091  
Document #P01000087151

Dear Ms. Byer:

Enclosed please find a completed Corporation Reinstatement form for the above named Corporation. Also enclosed are the annual corporate filing fees for years 2002, 2003, 2004 and 2005.

Please be advised that the above named corporation did not receive proper notification to pay his annual corporate filing fee. In fact, since they do not have internet access, they were not aware that the corporation had been administratively dissolved.

Once the taxpayer sought out the services of an Enrolled Agent, the error was discovered and that is what we are trying to correct with the enclosed submission.

Under the above circumstances, I ask that you please be lenient with the above named business and reinstate his corporation and waive all reinstatement fees. We have provided all of the updated information on the enclosed report, as well as payment in the amount of \$600.00 to cover all back annual filing fees.

I again apologize for the mixup and we will make every attempt to assist this business and help prevent this from happening in the future.

Very truly yours,



Lynn A. Schmidt, EA