

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000090804

1. Corporation Name

AGILE MOVERS, INC

2. Principal Office Address

4340 NORTH DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2001

5. FEI Number

65-1150576

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

MOLLY ARROYO

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

4340 NORTH DIXIE HWY

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33431

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

Molly Arroyo

REGISTERED AGENT MUST SIGN

Date 01/30/2003

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
D	MOLLY ARROYO	4340 NORTH DIXIE HWY	BOCA RATON, FLORIDA 33431

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:

Molly Arroyo

MOLLY ARROYO

01/30/2003 (561) 416-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

2/27

AGILE MOVERS

4340 NORTH DIXIE HWY
BOCA RATON, FLORIDA 33431

OFFICE: (561) 416-2399 CELL: (561) 706-7911 FAX: (561) 416-2398

February 2, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom it May concern:

We never received our new forms to renew. I finally downloaded a form from your website and filled it in. I spoke with a representative on the phone and was informed that I need to enclose \$300.00 for renewal. Enclosed is our form and a money order for ~~\$300.00~~ \$308.75

Sincerely,

Molly Arroyo
Agile Movers, Inc

A large, stylized handwritten signature of Molly Arroyo in black ink, written over the typed name and company.