

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000091215

1. Corporation Name

SEBASTIAN MOVING & AUTO TRANSPORT, INC.

Principal Place of Business

Mailing Address

909 US 1
SEBASTIAN FL 32958

909 US 1
SEBASTIAN FL 32958

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

911 US 1

911 US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

Zip

32958

Country

USA

Zip

32958

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2001

5. FEI Number

26-0005721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PRES

Thomas Walsh

10320 92ND SE.

VERO BEACH FL 32967

600010133946

01/15/03--01067--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIGGINS, SEAN W
1432 21ST STREET, STE G
VERO BCH FL 32960

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/10/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 10, 2003

Daytime Phone #

CR2040 (8/02)



Sebastian Moving & Auto Transport, Inc.

911 US Hwy 1
Sebastian, FL 32958

To: Florida Department of State
Division of Corporations

RE: Corporate reinstatement

Date: January 11, 2003

I apologize for the late filing. We did not receive the two uniform business report (UBR) notices.

Please accept our reinstatement.

Thank you for your consideration,

Thomas Walsh, President