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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

02 DEC 23 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093856

1. Corporation Name

STYLE MOVING, INC.

2002 JBR

500009633925
12/23/02--01042--013 **150.00

2. Principal Office Address 1802-102 N. UNIVERSITY DR. Suite, Apt. #, etc. SUITE 339 City & State PLANTATION, FL Zip 33322		3. Mailing Office Address 14416 VICTORY BLVD. Suite, Apt. #, etc. SUITE 212 City & State VAN NUYS, CA Zip 91401	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 09-24-02	
5. FEI Number 65-1138791	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
RAFI RAFAEL

Street Address (P.O. Box Number is Not Acceptable)
1802-102 N. UNIVERSITY DRIVE

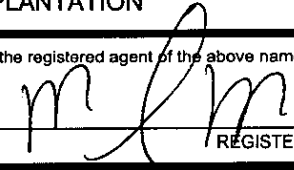
Suite, Apt. #, Etc.
SUITE 339

City
PLANTATION

State
FL Zip Code
33322

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



Date
12-18-2002

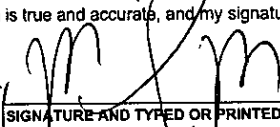
REGISTERED AGENT MUST SIGN

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 -	RAFI RAFAEL	1802-102 N. UNIVERSITY DR. #339	PLANTATION, FL 33322

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-2002 818-231-1970

Date Daytime Phone #

CR2E081 (9/01)

RB

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STYLE MOVING, INC.

1802-102 N. UNIVERSITY DR.
SUITE 339
PLANTATION, FL 33322

14416 VICTORY BLVD.
SUITE 212
VAN NUYS, CA 91401

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

December 18, 2002

To whom it may concern:

Please be advised that Style Moving, Inc. did not receive the renewal notice regarding the required annual Uniformed Business Report. Consequently, Style Moving, Inc. was involuntarily dissolved by The State.

Nevertheless, attached herewith, please find the completed Corporation Reinstatement application for Style Moving, Inc. Also attached, you will find the filing fee in the amount of \$150.00 as advised by a State Department's agent due to the diverted UBR from the Department of State.

Should you require additional information regarding this matter, please contact me at the address listed above.

Sincerely,

Rafi Rafael
President

