

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103004

1. Corporation Name

AMERICAN MOVING INNOVATIONS, INC.

Principal Place of Business

15596 BEDFORD CIR E  
CLEARWATER FL 33764

Mailing Address

15596 BEDFORD CIR E  
CLEARWATER FL 33764

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

2. New Principal Office Address, If Applicable

5894 115<sup>th</sup> AVE. N.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5894 115<sup>th</sup> AVE. N.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2001

5. FEI Number

593 75 7148

Applied For

Not Applicable

City & State

PINELLAS PARK, FL.

City & State

PINELLAS PARK, FL.

Zip

33782

Country

USA

Zip

33782

Country

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>ROBERTS, BRIAN</del>	<del>15596 BEDFORD CIR E</del>	<del>CLEARWATER FL 33764</del>
<del>D</del>	<del>ROBERTS, AMY</del>	<del>15596 BEDFORD CIR E</del>	<del>CLEARWATER FL 33764</del>
D	ROBERTS, BRIAN	5894 115 <sup>th</sup> AVE. N.	PINELLAS PARK, FL. 33782
D	ROBERTS, AMY	5894 115 <sup>th</sup> AVE. N.	PINELLAS PARK, FL. 33782

8. Name and Address of Current Registered Agent

ROBERTS, BRIAN  
15596 BEDFORD CIR E  
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name

ROBERTS, BRIAN

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

5894 115<sup>th</sup> AVE. N.

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33782

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

*Brian Roberts*

SIGNATURE REQUIRED

Date 11-11-02

REGISTERED AGENT MUST SIGN

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:

*Brian Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02

Date

727 424-2321

Daytime Phone #

CR2E040 (8/02)

DEAR SIR.

PLEASE WAIVE THE REINSTATEMENT FEE FOR  
AMERICAN MOVING INNOVATIONS AS WE HAVE  
RELOCATED AND HAVE NOT RECEIVED ANY  
PRIOR UBR NOTICES.

THANK YOU!

Brian 