

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000119337

1. Corporation Name

ECONOMY MOVING BOX & SUPPLY, INC.

Principal Place of Business

700 N E 42ND STREET
POMPANO BEACH FL 33064

Mailing Address

700 N E 42ND STREET
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

5. FEI Number

020539873

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	STEPHENS, TODD	700 N E 42ND STREET	POMPANO BEACH FL 33064

400008575124
10/24/02--01086--011 **150.00

8. Name and Address of Current Registered Agent

STEPHENS, TODD
700 N E 42ND STREET
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

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 of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10-20-02

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-02

Daytime Phone #

CR2E040 (8/02)

2052

10/21/02

Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327
(850) 245-6059

To whom it may concern:

This letter is to inform you that we never received any sort of notification that the annual fees were due and we feel that it will be greatly appreciated if you would waive the reinstatement fee.

This is our first year as a corporation and we are unfamiliar with the usual procedures. We promise that this will not be a problem again in the future.

Thanks,

A handwritten signature in black ink, appearing to read "Ed Fahner", with a large, stylized flourish extending to the right.

Ed Fahner
Operation Manager