

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF S
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 09 AM 8:00

DOCUMENT # P02000020055

1. Corporation Name

BOXES FOR LESS AND MOVING SUPPLIES, CORP.

2. Principal Office Address

9222 N.W. 101 Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Zip

33178

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/21/02

5. FEI Number 01-0628319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

LUIS PRIMICIERO

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

16605 NW 10 Street

Suite, Apt. #, Etc.

City

Pembroke Pines, FL 33028

State
FL

Zip Code

33028

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/3/04

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
Pres.	LUIS PRIMICIERO	16605 NW 10 Street	Pembroke Pines, FL 33028
V-Pres.	LINDA HANCOCK	7946 W. 14 Court	Hialeah, FL 33014

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]

Luis Primiciero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

(305) 887-0277

Daytime Phone #

CR2E081 (10/02)