

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -5 AM 8:31

DOCUMENT # P02000038951

1. Corporation Name Empire moving & storage Inc.

2. Principal Office Address - No P.O. Box #

2880 South Park Rd.

Suite, Apt. #, etc.

City & State

Pembroke Park

Zip

33009

Country

3. Mailing Office Address

17570 Atlantic Blvd.

Suite, Apt. #, etc.

312

City & State

Sunny Isles, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/02

5. FEI Number

731638110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Benny Segal

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

17570 Atlantic Blvd

Suite, Apt. #, Etc.

Apt. 312

City

Sunny Isles

State

FL

Zip Code

33160

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 6/2/09

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
Safety officer	Roy Bahadana	3901 South Dean Dr. APT 5X	HOLLYWOOD, FL 33019
P	BENNY SEGAL	17570 ATLANTIC BLVD. APT. 312	SUNNY ISLES, FL 33160

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 contained in Chapter 119, 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

SEGAL Benny

Date

6/2/09

Daytime Phone #

305 725 0985