

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 24 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000042793**

1. Corporation Name

We Haul Moving, Inc.

2. Principal Office Address

1700 NW 64th ST

Suite, Apt. #, etc.

#400

City & State

Ft Lauderdale, FL

Zip

33309

Country

US

3. Mailing Office Address

1700 NW 64th ST

Suite, Apt. #, etc.

#400

City & State

Ft Lauderdale, FL

Zip

33309

Country

US

REINSTATEMENT

03-05

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

4/12/2002

5. FEI Number

043648965

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

Dr Sibo, Aldo L

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

1700 NW 64th ST

Suite, Apt. #, Etc.

#400

200047508632
03/01/05--01052--016 **1051.00

City

Ft Lauderdale

State

FL

Zip Code

33309

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

2/1/05

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	Aldo L Di Sibo	1700 NW 64th ST #400	FT Lauderdale FL 33309
VP	Stefano Di Sibo	1700 NW 64th ST #400	FT Lauderdale FL 33309

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

Stefano Di Sibo

Date

2/1/05

Daytime Phone #

CR2E081 (01/05)