

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094867

1. Corporation Name

J & M MOVERS, INC.

REINSTATEMENT 03



600024215136
10/28/03--01069--032 **158.75

Principal Place of Business

Mailing Address

~~1600 NE 126 STREET
#119
N. MIAMI FL 33181~~

~~1600 NE 126 STREET
#119
N. MIAMI FL 33181~~

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

2. New Principal Office Address, If Applicable

142 NE 82 street

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33138

Country

DADE

3. New Mailing Office Address, If Applicable

3340 BANKS ROAD APT #202

Suite, Apt. #, etc.

APT 202

City & State

MARGATE Florida

Zip

33063

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/2002

5. FEI Number

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
VP	FRANCOIS, MARIO	1600 NE 126 STREET, #119	N. MIAMI FL 33181
P	FERDINAND, JEAN P	142 NE 82 STREET	MIAMI FL 33138

8. Name and Address of Current Registered Agent

FRANCOIS, MARIO
~~1600 NE 126 STREET
#119
N. MIAMI FL 33181~~

Francois, MARIO
3340 BANKS ROAD APT 202
MARGATE FL 33063

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

REGISTERED AGENT MUST SIGN

Date 10-21-03

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:

JEAN P Ferdinand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03 7862770779

Date

Daytime Phone #

CR2E040 (7/03)

J & M Movers, INC.
142 NE 82 St
Miami, FL 33138

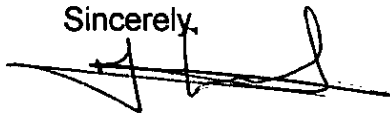
October 21, 2003

To Whom It May Concern:

I'm Writing this letter in regards to a recent letter received in September 2003. Mr. Francois and I did not receive the uniform business report notices due to an address change. As a result, our business certificate was revoked.

We would like you to reinstate our corporation. Enclosed is the completed application with the fee. If you have any questions, please call me at (786) 277-0779.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jean P. Ferdinand', with a long horizontal stroke extending to the right.

Jean P. Ferdinand
President
