
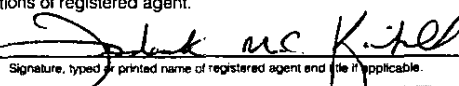
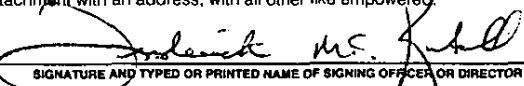


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000095896 1. Entity Name SOUTHERN STAR MOVING, INC.						FILED 04 DEC 13 PM 2:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1833 HALSTEAD BOULEVARD #916 TALLAHASSEE, FL 32309				Mailing Address 1833 HALSTEAD BOULEVARD #916 TALLAHASSEE, FL 32309			
2. Principal Place of Business		3. Mailing Address 153 NORTHCUTT TERRACE		Suite, Apt. #, etc. TALLAHASSEE		12132004 REIN-P CR2E098 (6/04)	
City & State FL		City & State FL		4. FEI Number 03-0480804 APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
Zip 32317	Country USA	Zip 32317	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIMBALL, FREDERICK 1833 HALSTEAD BOULEVARD #916 TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 12-13-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete FREDERICK M. C. KIMBALL 1833 HALSTEAD BOULEVARD #916 TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043610672 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/23/04--01029--020 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			REINSTATEMENT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 12-13-04		DAYTIME PHONE # 422-2700 (B50)	