PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

,APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P02000095896
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1. Corporation Name

SOUTHERN STAR MOVING, INC.

Principal Place of Business

Mailing Address

1833 HALSTEAD BOULEVARD #916

1833 HALSTEAD BOULEVARD #916

FILED 03 OCT 27 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA



TALLAHASSEE FL 32309 TALLAF		TALLAHASSE	AMASSEE FL 32309)			
		incorrect in any way, line th Address, If Applicable			nd enter correction below.	4. Date Incord	porated or Qualified		
						To Do Business in Florida 09/05/2002			
Suite, Apt. #				a, Apt. #, etc.		5. FEI Numbe	5. FEI Number Applied F		
City & State	City & State City & Sta		City & State	е		6.		Not Applicable	
Zip		Country	Zip		Country	I -:-	E OF STATUS DESIRED (\$8.75)	Additional Fee required Certificate of Status	
7. Names a	and Street Ac	ddresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip			
PT	FREDERICK M. C. KIMBALL			1833 HALSTEAD BOULEVARD #916		316	TALLAHASSEE FL 32309		
	*****						****		
		4-				70 . 11/03/	002438839 030110006 **	7 150.00	

<u></u>			<u> </u>						
	8. Nan	ne and Address of Current	Registered Age	ent		9. Name and	Address of New Registered Age	ent	
				Name	Name				
KIMBALL, FREDERICK 1833 HALSTEAD BOULEVARD #916 TALLAHASSEE FL 32309				Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.					
				City State Zip Code			ip Code		
10. I, being	appointed th	ne registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.0505, F	.s.	
Signature of Registered			EGISTERED AG		SIGN		Date Ock 2	7-03	
11. I certify	that I am an	officer or director or the rece	iver or trustee en	npowered to	execute this application as p	provided for in cha	apter 607 or 617, F.S. I further cert	tify 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:

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