

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 NOV 24 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # R02000097987

1. Corporation Name

SUPER MOVERS OF S. FL, INC.

Principal Place of Business

7860 S. SOUTHWOOD CIRCLE  
DAVIE FL 33328

Mailing Address

7860 S. SOUTHWOOD CIRCLE  
DAVIE FL 33328

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

2. New Principal Office Address, If Applicable

2138 NW 75 WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2138 NW 75 WAY

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Pembroke Pines

Zip

33024

Country

Broward

Zip

33024

Country

Broward

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/2002

5. FEI Number

13-4210666

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	EYTAN, ALON	7860 S. SOUTHWOOD CIRCLE	DAVIE FL 33328

8. Name and Address of Current Registered Agent

EYTAN, ALON  
7860 S. SOUTHWOOD CIRCLE  
DAVIE FL 33328

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

Alon Eytan

REGISTERED AGENT MUST SIGN

Date 10.28.03

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:

Alon Eytan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.28.03

Daytime Phone #

CH2E040 (7/03)