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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAY -5 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD 2000 105 877

1. Corporation Name

APARTMENT MOVERS, INC.

2. Principal Office Address

3971 S.W. 8TH STREET

3. Mailing Office Address

3971 S.W. 8TH STREET

Suite, Apt. #, etc.

SUITE # 206

Suite, Apt. #, etc.

SUITE # 206

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida 10/02/2002

5. FEI Number  
56-2296421

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAN FARMER

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

3971 S.W. 8TH STREET

Suite, Apt. #, Etc.

SUITE # 206

City

MIAMI

State

FL

Zip Code

33134

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]*

Date 03/26/04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RONIT COHEN-LAPES	3971 S.W. 8TH STREET, STE # 206	MIAMI, FLORIDA 33134

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04



2 of 2

the  
**apartment movers & storage**  
"from one piece to one entire household"

Dear Sirs:

Enclosed is a completed Corporation Reinstatement form for the above mentioned corporation. The Uniform Business Report of 2003 was not filed because we moved and due to us having a different mailing address we never received the pre-printed UBR 2003 format.

When we contacted your office we were instructed to write this letter stating the above reason and include it with the Corporation Reinstatement form and fee of \$300.

Please note on the reinstatement form our new mailing address is 3971 S.W. 8<sup>th</sup> Street Suite#206, Miami, Florida 33134.

If you have any questions or problems, we would appreciate you contacting us.

Sincerely,

Ronit Cohen