

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 20 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000115664**

1. Corporation Name

**REMOVALS OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

2044 7TH COURT S  
LAKE WORTH FL 33461

2044 7TH COURT S  
LAKE WORTH FL 33461

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 5674  
LAKE WORTH, FL  
33466 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/2002

5. FEI Number

82-0572943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 03

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
DP	BACH, JENNIFER	2044 7TH COURT S	LAKE WORTH FL 33461
DV	BOSCH, JULIE	2044 7TH COURT S	LAKE WORTH FL 33461

500023956505  
10/20/03--01057--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BACH, JENNIFER  
2044 7TH COURT S  
LAKE WORTH FL 33461

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
FL

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

*Jennifer S. Bach*

REGISTERED AGENT MUST SIGN

Date 10-14-03

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:

*Julie Bosch* Julie Bosch 10-14-03 561-523-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

REMOVALS OF SOUTH FLORIDA  
P. O. BOX 5674  
LAKE WORTH, FLORIDA 33466  
561-818-9240

October 15, 2003

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Hood

I, as an officer of Removals of South Florida, do hereby acknowledge that I nor any officer of this Corporation received notice that our Corporation was to have sent a copy of the uniform business report by such date as indicated in such dissolution notice. After speaking with a representative from your office I was instructed to write a letter and send \$150.00 for the reinstatement of my corporation. I will assume that after you receiving this letter along with my check for \$150.00 that my corporation, Removals of South Florida is an active corporation in the state of Florida. I will assume that I may conduct business as usual under the provisions of Florida Statute.