

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000121926

1. Entity Name
SAFeway MOVING & TRANSPORTATION, INC.



Principal Place of Business
17707 N.W. MIAMI COURT
MIAMI, FL 33169

Mailing Address
17707 N.W. MIAMI COURT
MIAMI, FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number
11-3663309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHOUDAIBERDIEV, BOURKHAN
16900 N. BAY ROAD
BLDG 3, STE. 515
SUNNY ISLES BEACH, FL 33160

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 PT ☐ Delete
NAME KHOUDAIBERDIER, BOUAKHAN
STREET ADDRESS 16900 N BAY RD BLDG 3 STE 515
CITY-ST-ZIP SUNNY ISLES BLVD, FL 33160

TITLE ☐ Change ☐ Addition
NAME 400070960234
STREET ADDRESS 04/19/06--01034--013 **300.00
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME KHOUDAIBERDIER, RUSLAN
STREET ADDRESS 16900 N BAY RD BLDG 3 STE 515
CITY-ST-ZIP SUNNY ISLES BLVD, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11 if changed, or on an attachment with an address, with all other like empowered.

K. Eckel MAR 29 2006

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #