

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-24

300030934393
03/23/04--01068--021 **300.00

300030934393
03/23/04--01068--020 **8.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000125076

1. Corporation Name

Global moving Services Inc.

2. Principal Office Address

133 SE 2 AVE

Suite, Apt. #, etc.

2

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Office Address

12471 NW 15 PL

Suite, Apt. #, etc.

BLDG 16, UNIT 303

City & State

SUNRISE, FL

Zip

33323

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/2002

5. FEI Number

30-013-6288

☒

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID L. MUCHNICK

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

133 SE 2 AVE

Suite, Apt. #, Etc.

2

City

HALLANDALE, FL 3

State

FL

Zip Code

33009

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 3/16/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Shmuel MASHIAH	12471 NW 15 PL	SUNRISE, FL, 33323
P	DAVID L. MUCHNICK	133 SE 2 AVE #2	HALLANDALE, FL, 33009

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

3/16/04

Date

954-336-0220

Daytime Phone #

CR2E081 (01/04)

172022
Florida Department of State
Department of state
Division of corporations
P.O Box 6327
Tallahassee,FL 32314

Dear Florida Department of State,
This letter is a waiver of the reinstatement fee.

I, David Muchnick ,
President of Global Moving Services Inc,
A Florida Corporation Number P02000125076
Did not receive any notices of the annual report fee
And kindly ask for the reinstatement fee to be waived.

Best regards,
David Muchnick
12471 NW 15 PL
Bldg 16 Unit # 303
Sunrise, FL 33323
954-336-0220

