

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126200

1. Corporation Name

Good Moving Companies, Inc.

2. Principal Office Address

3020 NE 32nd AVE

Suite, Apt. #, etc.

#1212

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

USA

3. Mailing Office Address

3020 NE 32nd AVE

Suite, Apt. #, etc.

#1212

City & State

FT. LAUDERDALE FL

Zip

33308

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/02

5. FEI Number

82-0580040

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

MILTON CAMPIS

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

3020 NE 32nd AVE

Suite, Apt. #, Etc.

#1212

City

FT LAUDERDALE

600033093526

04/19/04-01068-007 **300.10

State

FL

Zip Code

33308

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

Milton Campis

REGISTERED AGENT MUST SIGN

Date

4/17/04

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
<u>1</u>	<u>MILTON CAMPIS</u>	<u>3020 NE 32nd AVE #1212</u>	<u>FT LAUDERDALE FL 33308</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton Campis

Date

4/17/04

Daytime Phone #

954-914-5283

CR2E081 (01/04)