

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000 134178**

1. Corporation Name

Guardian Moving and More, Inc.

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ALLA: ASSET FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 2590 North Tamiami Trail		3. Mailing Office Address PO Box 3366	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Fort Myers, FL		City & State North Fort Myers, FL	
Zip 33903	Country USA	Zip 33918	Country USA

4. Date Incorporated or Qualified To Do Business in Florida December 23, 2002	
5. FEI Number 65-1179052	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Elisabeth L. Pritchard		
Street Address (P.O. Box Number is Not Acceptable) 2590 North Tamiami Trail		
Suite, Apt. #, Etc.		
City North Fort Myers	State FL	Zip Code 33903

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Elisabeth L. Pritchard** Date **10/8/07**
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
P.	Elisabeth L. Pritchard	2590 North Tamiami Trail	North Fort Myers, FL 33903
T	Harold K. Pritchard	2590 North Tamiami Trail	North Fort Myers, FL 33903
VP	Paul F. Sylvester	1118 SW 54 th Lane	Cape Coral, FL 33914
			10/11/07--01047--002 **908.75

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 contained in Chapter 119, 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: **Elisabeth L. Pritchard** **Elisabeth L. Pritchard** **10/8/07** **239-995-2313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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