

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 AUG 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200040578142
08/27/04--01023--003 **150.00

CORPORATION
~~REINSTATEMENT~~
2004



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO3 0000 27251**
1. Corporation Name **BEN-M-Moving, Inc.**
367 N.E. 79th Street
BEN-M-MOVING, INC.

2. Principal Office Address 367 N.E. 79th Street Suite, Apt. #, etc.		3. Mailing Office Address BEN-M-MOVING, INC. Suite, Apt. #, etc.	
City & State Miami		City & State Florida	
Zip 33138	Country Dade County	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **03/06/2003**

5. FEI Number 45-0506571	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jacques, Justin Moise

Street Address (P.O. Box Number is Not Acceptable)
1275 NE 138th Street N.

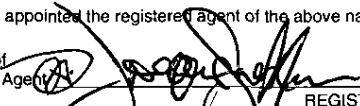
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33161-3424

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.

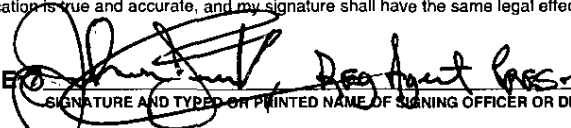
Signature of Registered Agent  Date **August 21st, 2004**

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
D/Pres	Jacques Justine Moise	1275 NE 138th Street N.	Miami, Florida 33161-3424
D/ST	Benoit Moise	33161-3424	Miami, Florida 33161-3424

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  Date **08/21/2004** Daytime Phone # **786-542-5462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E001 (01/04)

Page 2 of 3

Department of State
Division of Corporations
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32314

August 21st, 2004

Reference: Renewal Notice for 2004 Not Received

Doc. # 903000027251

Ben - M- Moving, Inc.
1275 NE 138th Street
N. Miami, Florida 33161-3424

To Whom it May Concern;

As per our telephone conversation with the Department requesting that we state that we never received the renewal for our corporation.

Please be advised that we have never received the renewal notice for 2004, Attached is our completed Reinstatement form along with the annual corp. Fee of \$150.00.

Thank you for your assistance in helping us with this process.

Sincerely,


Jacques Justin Moise, Reg. Agent