


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT -4 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # **P03000027556**

1. Corporation Name

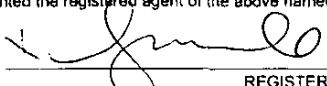
Sunshine State Movers

REINSTATEMENT 04-06
CR2E031 (12.05)

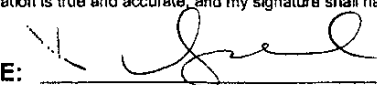
2. Principal Office Address 8830 SW 123ct		3. Mailing Office Address Same	
Suite, Apt. #, etc. Condo I-208		Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip 33186	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3-10-03	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 0616829871		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Jennifer Toledo	
Street Address (P.O. Box Number is Not Acceptable) 21 NW 36 court	
Suite, Apt. #, Etc.	
City Miami	State FL
	Zip Code 33125

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.3501, F.S.	Date 09/27/06
Signature of Registered Agent 	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	Jennifer Toledo	21 NW 36 ct	Miami, FL 33125

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Chapter 607 or 617, F.S. I further certify that when filing this 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 contained in Chapter 119, F.S. The information indicated
SIGNATURE: 	Date 9/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Typed Name Jennifer Toledo

10/6/06