

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
04 OCT 29 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000063649

1. Corporation Name

ONE STOP MOVING SERVICES INC
5316 NE 4TH TERRACE
FORT LAUDERDALE, FLA 33334

2. Principal Office Address

FORT LAUDERDALE, FLA 33334

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUD, FLA 33334

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 0604035. FBI Number
61-1450770

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

JOHN WEBB

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

5316 NE 4TH TERRACE

Suite, Apt. #, Etc.

City

FT LAUDERDALE, FLA 33334

State
FL

Zip Code

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*John Webb*

REGISTERED AGENT MUST SIGN

Date 10-21-04

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

Times	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN WEBB	5316 NE 4TH TERRACE	FT LAUDERDALE, FLA 33334

680042317616
10/29/04--01059--021 **150.00

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:

John Webb JOHN WEBB

Date

10-21-04

Daytime Phone #

954-298-5275

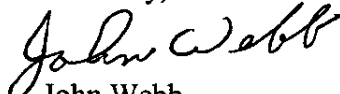
Division of Corporations
Reinstatement
Florida Dept of State Division of Corporations

Doc # po3000063649

Dear Sir:

Our business never originally received a notification for renewal of annual business report. As such, we respectfully request that the State reinstate our corporation for \$150 filing fee and abate the late filing penalty. Thank you.

Sincerely,


John Webb