PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

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
Suite, Apt. #, etc.
City & State
FT LAUD, FLA 33334
Zip
Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 060403

5. FEI 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 X John Webb
REGISTERED AGENT MUST SIGN
Date 10-21-04

CR2E061 (04/00)

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	JOHN WEBB	5316 NE 4TH TERRACE	FT LAUDERDALE, FLA 33334

BR 11/3

600042317616
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: X John Webb JOHN WEBB 10-21-04 954-298-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

John Webb