


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAR 21 AM 8:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 03000098770 1. Corporation Name EDGE MOVING TRANSFER AND STORAGE INC					
2. Principal Office Address 3448 SO. ST. LUCIE DR Suite, Apt. #, etc. City & State CASSELBERRY Zip FL		3. Mailing Office Address 5703 RED BUB LAKE RD Suite, Apt. #, etc. SUITE 324 City & State WINTER SPRINGS Zip FL 32708		REINSTATEMENT 04-05 \$ 05/03/04 91235 029 150 ⁰⁰	
Country USA 32707		Country USA FL 32708		4. Date Incorporated or Qualified To Do Business in Florida 9-10-03 5. FEI Number 90-0108733 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Name EDWARD LEWIS Street Address (P.O. Box Number is Not Acceptable) 3448 SO. ST. LUCIE DR Suite, Apt. #, Etc. City CASSELBERRY State FL Zip Code 32707					
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 <u>Edward Lewis</u> Date <u>3-21-05</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Address 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		
PRES	EDWARD LEWIS	3448 SO. ST. LUCIE DR	CASSELBERRY FL 32707		
V.P.	HYLTON WILLIAMS	14639 SALINGER RD	ORLANDO, FL 32828		
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)(6), 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: <u>Edward Lewis</u> (EDWARD LEWIS) 3-21-05 (407) 695-1433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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3448 S. Saint Lucie Drive
Casselberry, Florida 32707
(407) 695-1433 phone

Department of State
Division of Corporations
409 E. Gain Street
Tallahassee, Florida 32399

To whom it may concern,

I am writing this letter about my company, Edge Moving Transfer and Storage, Inc. I was informed that some correspondence was sent to me requesting more information about my company, none of which I received. I was also informed that since there was no response, my company was dissolved in 2004 for lack of information. I am hereby requesting the reinstatement of Edge Moving Transfer and Storage, Inc. as soon as possible.

Thank you in advance for your cooperation.

Sincerely,



Edward Lewis
President
Edge Moving Transfer and Storage, Inc.