2006-2007 **FOR PROFIT CORPORATION**
Reinstatement

5/17/2006-90017-021-$150.00-$150.00

DOCUMENT # P03000098770

FILED
07 FEB 16 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

EDGE MOVING TRANSFER AND STORAGE INC.

Principal Place of Business	Mailing Address
3448 S ST LUCIE DR CASSELBERRY FL 32707	5703 RED BUG LAKE ROAD, STE 324 WINTER SPRINGS FL 32708

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0108733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, EDWARD 3448 S ST LUCIE DR CASSELBERRY FL 32707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward Lewis 4-25-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, EDWARD ~~3448 SOUTH ST. LUCIE DRIVE~~ ~~CASSELBERRY FL 32707~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1451 WILLOW BRANCH DR ORLANDO, FL 32828
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, HYLTON 14639 SALINGER ROAD ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 06-07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900089282119 02/27/07--01001--018 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation ~~or the receiver~~ or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Lewis 02-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams FEB 16 2007

EDGE MOVING TRANSFER AND STORAGE

TO WHOM IT MAY CONCERN.

2/16/07

THE ABOVE MENTIONED CORPORATION WAS DISOLVED FOR LACK OF A SIGNATUR ON RETURN. HOWEVER WHEN I RECEIVED SAID NOTICE I SIGNED AND RETURNED THE APPLICATION TO THE DEPT OF CORPORATION, WHICH WAS APPARENTLY NOT RECEIVED, AND AM REQUESTING RE-INSTATEMENT AT THIS TIME.

THANK YOU FOR YOUR COOPERATION

RESPECTFULLY

Edward Vlees