

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000127700	
1. Entity Name ANTEY VAN LINES INC.	

FILED

04 NOV -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business 17140 COLLINS AVE 104 SUNNY ISLES BCH, FL 33160	Mailing Address 17140 COLLINS AVE 104 SUNNY ISLES BCH, FL 33160
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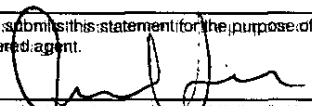
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 58-2678645	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

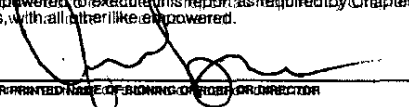
6. Name and Address of Current Registered Agent ZHURENKO, SERGEY 17140 COLLINS AVE 104 SUNNY ISLES BCH, FL 33160	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 10.29.04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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110. OFFICERS AND DIRECTORS		111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST ZHURENKO, SERGEY 17140 COLLINS AVE 104 SUNNY ISLES BCH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	200042362852 11/01/04--01069--019 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 110 or Block 111 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 10.29.04