

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138089 1. Entity Name AUTHORIZED MOVERS, INC.				FILED 07 OCT -8 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1470 NE 129TH ST. MIAMI, FL 33161		Mailing Address 1470 NE 129TH ST. MIAMI, FL 33161		 REINSTATEMENT 07 <small>1001007 REINSTATEMENT FEE \$8.75 PER 2E098 (1/07)</small>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 12895 NE 14th Ave City & State MIAMI, FL Zip 33161		Suite, Apt. #, etc. 12895 NE 14th Ave City & State MIAMI, FL Zip 33161			
4. FEI Number 20-0436273		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHMUEL, OVADIA 1470 NE 129TH ST MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12895 NE 14th Ave City MIAMI FL Zip Code 33161			
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 02/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVADIA, SHMUEL 1470 NE 129TH ST. N. MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ABIZIZ, MEYERS 1470 NE 129TH ST N. MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: DATE 02/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					