

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2007 AUG 30 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P04000009494</b>		
1. Entity Name T & A MOVERS, INC.		

Principal Place of Business 3350 NW 60 STREET MIAMI, FL 33142	Mailing Address 3350 NW 60 STREET MIAMI, FL 33142
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06292007 REIN-P CR2E098 (1/07)

4. FEI Number 20-1442802	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHOMAR, JOSEPH 7777 NW 146TH STREET MIAMI LAKES, FL 33016		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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$900.00</b>		
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHARAJ, ISHWAR			NAME			
STREET ADDRESS	10772 NW 69 TERR			STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33178			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:		ISHWAR MAHARAJ	08.10.07	561-289-3084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

REINSTATEMENT 06-07

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**T&A MOVERS, INC**  
**3350 NW 60<sup>TH</sup> STREET**  
**MIAMI, FL 33142**

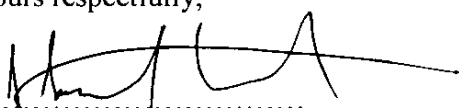
August 10, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

**Ref: 2006 & 2007 Uniform Business Report for T&A Movers, Inc**  
**Reference Number: P04000009494**

We would like to draw your kind attention to the fact that we did not receive the UBR form to file, however we did call the department of state to explain the situation and requested an extension to file. This extension was approved over the phone and we were told to file the report with the original fee of \$150.00 per year.

Yours respectfully,

  
.....  
**ISHWAR MAHARAJ**