

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -9 AM 8:30

DOCUMENT # P04000040765

1. Corporation Name

MOVING MATTERS INC

7/10/08  
900131594309  
06/23/08--01052--017 \*\*450.00

2. Principal Office Address - No P.O. Box #

311 LANDINGS BLVD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33413

Country

US

3. Mailing Office Address

311 LANDINGS BLVD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33413

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/2004

5. FEI Number  
20-0810088

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

TERRI RICKMAN

Street Address (P.O. Box Number is Not Acceptable)

311 LANDINGS BLVD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33413

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses 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
P	RICKMAN, TERRI	311 LANDINGS BLVD	WEST PALM BEACH FL 33413

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 contained in Chapter 119, 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:

77 Rickman TERRI RICKMAN PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/7/08

Daytime Phone #

561  
304-3633