

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 13 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P04000096638**

1. Entity Name  
**SMOOTH MOVE MOVING & STORAGE, INC.**



Principal Place of Business  
**3903 INDUSTRY BLVD., #10  
LAKELAND, FL 33811**

Mailing Address  
**3903 INDUSTRY BLVD., #10  
LAKELAND, FL 33811**

2. Principal Place of Business  
**5001 Gateway Blvd**  
Suite, Apt. #, etc.  
**25**

City & State  
**Lakeland, FL**

Zip  
**33811**

Country  
**USA**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

10102005 REIN-P CR2E098 (6/04)

4. FEI Number  
**71-0968347**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, QUINTON**  
**3903 INDUSTRY BLVD., #10**  
**LAKELAND, FL 33811**

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 *Quinton C. Anderson* DATE 10/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, QUINTON	
STREET ADDRESS	4426 WINDING OAKS CIRCLE	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOTHERS, VERSHUMN SR.	
STREET ADDRESS	201 AVENUE U NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300060779619	
STREET ADDRESS	10/19/05--01053--009	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Quinton C. Anderson* DATE: 10/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/05