

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000154883 1. Entity Name SILVER STREAK MOVERS, INC.						<div style="transform: rotate(-15deg);"> FILED 05 DEC 14 AM 11:27 SECRETARY OF STATE TALLAHASSEE </div>	
Principal Place of Business 2732 NW 6TH STREET POMPANO BEACH, FL 33069				Mailing Address 2732 NW 6TH STREET POMPANO BEACH, FL 33069			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				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 HOLDER, SHELDON EDWIN 2732 NW 6TH STREET POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <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, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME P HOLDER, SHELDON E <input checked="" type="checkbox"/> Delete STREET ADDRESS 2732 NW 6TH STREET CITY-ST-ZIP PPOMPANO BEACH, FL 33069				TITLE NAME SHELDON E. HOLDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2732 NW 6TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33069			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME 200062163192 <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 12/14/05--01047--005 **150.00 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME T. Roberts <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS DEC 15 2005 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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: <u><i>[Signature]</i></u> 12-12-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							