

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


10 MAY -4 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000180293300  
05/04/10--01055--010 \*\*450.00

CR2E081 (4/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P0400157253

1. Corporation Name  
**CUSTOM PIANO MOVERS INC.**

2. Principal Office Address - No P.O. Box # <b>3928 MANGO DRIVE</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WESTON, FL. 33332</b>		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	<b>11/18/2004</b>
5. FEI Number	<b>20-1895701</b>
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**PAULO MORA**

Street Address (P.O. Box Number is Not Acceptable)  
**3928 MANGO DRIVE**

Suite, Apt. #, Etc.

City  
**WESTON, FL. 33332**

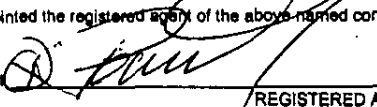
State  
**FL**

Zip Code

**PROFIT CORPORATIONS ONLY**

The \$600.00 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 **04/23/2010**

REGISTERED AGENT MUST SIGN

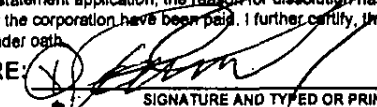
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PAULO MORA	3928 MANGO DRIVE	WESTON, FL. 33332

**REINSTATEMENT**

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. 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, I further certify, 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:  Date **4/23/2010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #