

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -9 PM 4:36

DOCUMENT # P05000057830

1. Corporation Name
EVEREST MOVING SYSTEMS, INC

06/30/09 0100S CUY
800157964128 1,200

2. Principal Office Address - No P.O. Box # 10749 CLEARY BLVD

3. Mailing Office Address
10749 CLEARY BLVD

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

PLANTATION

City & State

PLANTATION

Zip

33324

Country

USA

Zip

33324

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/05

5. FEI Number

☒ 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 BEN KESSOUS YOSS1

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

10749 CLEARY BLVD

Suite, Apt. #, Etc.

101

City

PLANTATION

State

FL

Zip Code

33324

☐ 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

REGISTERED AGENT MUST SIGN

Date 7/9/09

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	BEN KESSOUS YOSS1	10749 CLEARY BLVD #101	PLANTATION, FL 33324
P	MASHIACH SHAI	10749 CLEARY BLVD #101	PLANTATION, FL 33324

REINSTATEMENT 06-09

B 7/9/09

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/9/09 (786) 380 347