# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Feb 09, 2009**
**Secretary of State**

DOCUMENT# P05000154297

**Entity Name:** ARDELL'S MOVING & DELIVERY SERVICES, INC.

**Current Principal Place of Business:**

2721 SE 62ND STREET
OCALA, FL 34480

**New Principal Place of Business:**

471 EMERALD ROAD
OCALA, FL 34472 US

**Current Mailing Address:**

2721 SE 62ND STREET
OCALA, FL 34480

**New Mailing Address:**

471 EMERALD ROAD
OCALA, FL 34472 US

**FEI Number: 20-3831058** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, ARDELL J
2721 SE 62ND STREET
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

ROBINSON, ARDELL J
471 EMERALD ROAD
OCALA, FL 34472 US

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.

SIGNATURE: ARDELL J. ROBINSON 02/09/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ROBINSON, ARDELL J
Address: 2721 SE 62ND STREET
City-St-Zip: OCALA, FL 34480

Title: VP ( ) Delete
Name: ROBINSON, ANGELA G
Address: 2721 SE 62ND STREET
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete
Name: ROBINSON, ANGELA G
Address: 2721 SE 62ND STREET
City-St-Zip: OCALA, FL 34480

Title: T ( ) Delete
Name: ROBINSON, ARDELL J
Address: 2721 SE 62ND STREET
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ROBINSON, ARDELL J
Address: 471 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 US

Title: VP (X) Change ( ) Addition
Name: ROBINSON, ANGELA G
Address: 471 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 US

Title: S (X) Change ( ) Addition
Name: ROBINSON, ANGELA G
Address: 471 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 US

Title: T (X) Change ( ) Addition
Name: ROBINSON, ARDELL J
Address: 471 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARDELL J. ROBINSON P 02/09/2009
Electronic Signature of Signing Officer or Director Date