2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000069799

City-St-Zip:

MIRAMAR, FL 33023 US

Entity Name: 21ST CENTURY MOVING AND STORAGE, INC.

FILED Oct 18, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7813 ALHA MIRAMAR,	MBRA BLVD FL 33023	US				
Current Mailing Address:				New Mailing Address:		
7813 ALHAMBRA BLVD MIRAMAR, FL 33023 US				13043 HAMILTON GREEN DR CHARLOTTE, NC 28773 US		
FEI Number:	20-4912017	FEI Number Applied For ()	FEI Number Not Appl	icable () Ce	ertificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of N					Registered Agent:	
BOWLES, 7813 ALHA MIRAMAR,	MBRA BLVD	US				
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered offic	e or registered agent, or both,	
SIGNATUR	RE: TIMOTH	Y BOWLES				
Electronic Signature of Registered Agent					Date	
		93(2)(b), F.S., the corporation did not	receive the prior notic	e.		
	AND DIREC	- ,,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (BOWLES, ELI 7813 ALHAMB MIRAMAR, FL	RA BLVD	Title: Name: Address: City-St-Zip:	()Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	VP (BOWLES, VIC 7813 ALHAMB MIRAMAR, FL	RA BLVD	Title: Name: Address: City-St-Zip:	VP (X) Ch GABCO, JANISE 7813 ALHAMBRA E MIRAMAR, FL 330		
Title: Name: Address: City-St-Zip:	TREA (BOWLES, TIW 7813 ALHAMB MIRAMAR, FL	RA BLVD	Title: Name: Address: City-St-Zip:	() Ch:	ange () Addition	
Title: Name:	SEC (BOWLES, JOH 7813 ALHAMB		Title: Name:	() Ch	ange () Addition	

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.

City-St-Zip:

SIGNATURE: ELIJAH BOWLES P 10/18/2007