

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2021 DEC 22 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # **PO6000093789**

1. Corporation Name

**Elite moving incorporated**

200372566802  
02/30/21--01038--024 \*\*750.00

200372566802  
01/07/22--01209--01510 \*\*300.00

2. Principal Office Address - No P.O. Box #

**201 AVE U N.E.**

Suite, Apt. #, etc.

3. Mailing Office Address

**201 AVE U N.E.**

Suite, Apt. #, etc.

City & State

**winter Haven, Fl 9**

Zip

**33881**

Country

**polk**

City & State

**winter Haven, fl 9**

Zip

**33881**

Country

**polk**

4. Date Incorporated or Qualified  
To Do Business in Florida

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 **Vershumn Smothers Sr**

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

**1201 AVE U N.E.**

Suite, Apt. #, Etc.

City **winter Haven**

State

**FL**

Zip Code

**33881**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **8/25/21**

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
owner	Vershumn Smothers Sr	201 AVE U N.E.	winter Haven, fl 33881
		19.21	
			dec 1/6/2022

10. E-mail Address: **Elitemovingincorporated@yahoo.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-25-21**

Date

**863-521-6232**

Daytime Phone #