2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000016443

1. Entity Name
MOVE SOMETHING TRUCKING INC.

FILED
08 NOV 10 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

Principal Place of Business	Mailing Address
920 NW 9TH ST OKEECHOBEE, FL 34972	920 NW 9TH ST OKEECHOBEE, FL 34972

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
920 NW 9th St	p.o. box 423
Suite, Apt. #, etc.	Suite, Apt. #, etc.
OKEECHOBEE, FLA	
City & State	City & State
OKEECHOBEE, FLA	Baldwin, FLA
Zip / Country	Zip / Country
34972 / USA	

4. FEI Number 36-0184944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERVIN, KAREN 920 NW 9TH ST OKEECHOBEE, FL 34972	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen Ervin KAREN ERVIN
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D ERVIN, KAREN 920 NW 9TH ST OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 600137780088 11/10/08--01020--011 ##150.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ERVIN, KAREN 920 NW 9TH ST OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/T FUTCH, ROBERT 920 NW 9TH ST OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition M/H/V
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FUTCH, ROBERT 920 NW 9TH ST OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Ervin KAREN ERVIN 11/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #