2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000028263 1. Entity Name ELI'S MOVING INC							08 HOV -6 AH II: 45							
Principal Place of Business				Mailing Address				JECRETARY OF STATE JALLAHASSEE, FLORIDA						
405 NE 191 STREET				405 NE 191 STREET APT 207				MALLAHAS	SEE.	FLUMUA				
APT 207 Miami, Fl. 33179 US			MIAMI, FL 33179 US											
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				REIN-P	CR2	E098 (1/07)				
City & State			<u> </u>	City & State			4. FEI Numb	er			plied For t Applicable			
Zip		Country Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required					
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	egistered	Agent				
MERCADO	D. ELLIOT	-				Name								
405 NE 191 STREET						Street Address (P.O. Box Number is Not Acceptable)								
APT 207 MIAMI, FL 33179						<u> </u>								
minin, 1 E 00 110						City	FL Zip Code							
R The above	named entit	ty submits this statement fo	or the n	urnose of changing its	register	ed office or registe	red agent or bo	th in the State of Flo			and accept			
	ions of enis		y the p	or changing its	register	ed diffice of registe	red agent, or bo			_	and accept			
SIGNATURE 11-04-08														
Oldre Herica	Signature, typed	or printed name of registered agent	and title i	f applicable. (NOT)	E: Register	red Agent signature requi	ired when reinstating		DATE					
FILE NOWII! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00								In accordance v corporation did	vith s. 60 not recei	7.193(2)(b), I ve the prior n	F.S., the notice.			
10.		OFFICERS AND	DIREC	_	11.		ADDITIONS	CHANGES TO OFF	ICERS AN					
TITLE NAME	P Delete ITTI					l l				Change	Addition			
STREET ADDRESS	1					EET ADDRESS	91	001377 6/0801036	710	939				
CITY-ST-ZIP	MIAMI, FL 33179				/-\$T-ZIP	11/0	6/0801036	005	**150.	. 00				
TITLE			Delete	TITL	l l				Change	☐ Addition				
NAME Street Address	5				NAM STRE	EET ADDRESS					1			
CITY-SI-ZIP					CiTY	/-\$T-ZIP								
TITLE	☐ Delete TiīL					£				☐ Change	☐ Addition			
NAME CYDEET ADDRESS			NAM	KE EET ADORESS					ĺ					
STREET ADDRESS CITY-ST-ZIP						r-ST-ZIP								
TITLE				☐ Delete	TITL	E				☐ Change	Addition			
NAME					NAM	·-								
STREET ADDRESS CITY+ST-ZIP				•		EET ADDRESS (-ST-ZIP					1			
TITLE				☐ Delete	TITL	E				☐ Change	_ Addition			
NAME					NAM	l l								
STREET ADDRESS City-St-Zip	!					EET ADDRESS (-ST-ZIP								
TITLE				☐ Delete	TITL	E				Change	Addition			
NAME					NAM	1								
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP								
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 expressed 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 exercise with all other like empowered.														
SIGNAT	IIPE.	40111					11	1-04-08	5.	299834	13			
SIGNAL	OKE: _	SIGNATURE AND TYPED OR	PRINTED	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despiring Phone (