

2008 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 13 A 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000042753

1. Corporation Name

EXTREME CARE MOVING & DELIVERY INC

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

315 83rd Street

3. Mailing Office Address

315 83rd Street

Suite, Apt. #, etc.

21

Suite, Apt. #, etc.

21

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

Zip

33141

Country

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

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name

Gladys Melendez

Street Address (P.O. Box Number is Not Acceptable)
1520 S State Road 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gladys Melendez
REGISTERED AGENT MUST SIGN

Date 02/07/2009

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 |
|--------|--------------------------------------|---|---|
| Psdt | Camargo, Alex Enrique | 315 83rd St, APT 21 | Miami Beach, FL 33141 |
| VP | Camargo, William M | 315 83rd St, APT 21 | Miami Beach, FL 33141 |
| | | | 200143593332 02/13/09--01039--010 **150.00 |
| | | | 200143593332 02/13/09--01039--011 **150.00 |
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10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-09 (786) 277 7599

Date

Daytime Phone #