


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 12 MAY -7 PM 3:21	
DOCUMENT # P10000031695 1. Corporation Name On the Move Systems Corp.					
2. Principal Office Address - No P.O. Box # 3001 N. Rocky Point Dr. East Suite, Apt. #, etc. Ste 200 City & State Tampa, FL Zip 33607		3. Mailing Office Address 3001 N. Rocky Point Dr. East Suite, Apt. #, etc. Ste 200 City & State Tampa, FL Zip 33607		REINSTATEMENT CR20081 (11/10)	
				4. Date Incorporated or Qualified To Do Business in Florida 8/19/2011	
				5. FEI Number n/a	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name VCORP SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 5011 South State Rd. 7 Suite, Apt. #, Etc. Ste 106 City Davie					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent: <u><i>Jacob A. Ray</i></u> VCORP SERVICES Date: 4/20/2012 REGISTERED AGENT MUST SIGN					
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		
P	Patrick Brown	1900 W. LOOP SOUTH, SKG01	Houston, TX 77027		
			500234553685		
			05/03/12 01005 006		
			\$750.00		
10. E-mail Address: patrick.e.brown@msn.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. 817.153, F.S.					
SIGNATURE: <u><i>Patrick Brown</i></u> 4/23/2012 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					