

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000063202**

1. Corporation Name

GONZALEZ & SON MOVERS, INC.

Principal Place of Business

17053 SW 138TH CT.
MIAMI FL 33157
US

Mailing Address

17053 SW 138TH CT.
MIAMI FL 33157
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~17053 SW 138 CT~~
~~Suite, Apt. #, etc.~~
~~Miami~~

City & State

Zip
~~33157~~

Country
~~DADE~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1993

5. FEI Number

65-0434875

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GONZALEZ, SABAR	1705 SW 138 CT	MIAMI FL 33157
ST	GONZALEZ, ANA G	14805 SW 124TH PL	MIAMI FL 33186
VP	GONZALEZ, ABRAHAM S	17053 SW 138 CT	MIAMI FL 33157

000024568610

11/10/03--01085--015 **\$600.00

8. Name and Address of Current Registered Agent

GONZALEZ, SABAR
17053 SW 138 CT
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/04/03

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 due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SABAR R GONZALEZ

11/04/03 305-378-8535

CR2EQ40 (7/03)