PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042929

1. Corporation Name

CLINTON MOVING AND PACKAGING SOUTH, INC.

Principal Place of Business	Mailing Address
~~5462 JET VIEW CIRCLE~~	~~5497 JET VIEW CIRCLE~~
~~TAMPA FL 33634~~	~~TAMPA FL 33634~~
US	

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 9610 NORWOOD DRIVE	Suite, Apt. #, etc.: 9610 NORWOOD DRIVE
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 06/08/1994

5. FEI Number: 59-3247733 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~JACKSON, CARTER J~~	~~5497 JET VIEW CIR.~~	~~TAMPA FL 33634~~
D	LAPLANT, GARY J	9610 NORWOOD DRIVE	TAMPA, FL 33624

12/97

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~KUTCHINS, BRYAN A~~
~~8711 TAMPA RD.~~
~~SUITE 103~~
~~OLDSMAR FL 34677~~

9. Name and Address of New Registered Agent

Name: LAPLANT, GARY J.
Street Address (P.O. Box Number Is Not Acceptable): 9610 NORWOOD DRIVE
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33624

CR2E040 (8/97)

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

Signature of Registered Agent: _____ Date: _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #