## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**APPLICATION** 

FOR REINSTATEMENT  Katherine Harris Secretary of State DIVISION OF CORPORATIONS									,		
DOCUMENT # <b>P9400073407</b> 1. Corporation Name							FILED				
PRIDE MOVING COMPANY, INC.							01 OCT 24 PN 4: 43				
Principal Place of Business Mailing Address								SECRETARY	OF STATE		
JS	BURG FL 33713		ST. PETERS US	•							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified     To Do Business in Florida     10/06/1994				
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. FEI Number Applied For				
City & Stat	e		City & State	.e				59-3280814	Not Applicable		
Zip		Country	Zip		Country	y	6. CERTIFICATE	E OF STATUS DESIRED	S8.75 Additional Fee requirements for a Certificate of Status	red	
7. Names	and Street Add	dresses of Each	Officer and/or Director (F	Florida nonprof				т			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				4	City / State / Zip	_	
PD	TUNKUS, CHRIS J 2884 21ST AVE					UE NORTH		ST. PETERSBURG	FL		
VD	DAMS, CLARENGE W 2004 210T AVENUE NORTH						OT. PETEROBURO FE				
SD	TUNKUS, SCOTT A 2884 21ST AVE					ENUE NORTH		ST. PETERSBURG FL			
TD	TUNKUS, C	HARLES P	-	2884 21ST AVENUE NORTH				ST. PETERSBURG FL			
				- m 5.78	F1743		<del></del>	000046 -11/08/0 ****750	1101059024		
							*	10			
	8. Name	e and Address	of Current Registered A	.gent		Name 4 . I C	9. Name and	Address of New Regis	stered Agent .		
MATIONICCOOR DECISTERED ACENTS INC							P.O. Box Number is Not Appentable)				
526 EAST PARK AVENUE 2884 SUITE 200 Suitp, Ajt. #, Ely							2157	House	le 11.	CR2E	
TALLAHASSEE FL 32301							Elevatura State Zip Code FL 337/3				
10. I, being	g appointed the	e registered age	ent of the above named cor	rporation, am f	familiar wi	ith and accept the of	oligations of Sect	ion 607.0505, F.S.			
Signature o	of I Agent(	Chies	) Luku	AGENT MUST	SIGN	<u> </u>		Date	1-22-01	_ }	
this rein	nstatement app by the corporation	plication, the reasion have been pa	ason for dissolution has be	een eliminated, ividuals listed o	, the corpo on this for	orate name satisfies m do not qualify for	the requirements an exemption un-	s of section 607.0401 o	I further certify that when filing or 617.0401, F.S., that all fees i), F.S. The information indicate	ed	
SIGNA			hus H	elus,	<u>//</u>	eselu	I	10-22.	-OJ Daytime Phone #		
	SIG	GNATURE AND T	TYPED OR PROYED NAME O	F SIGNING OFF	ICER OR I	JIRECTOR		Date	Daytime Phone #		