

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 17 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012866

1. Corporation Name

ATLANTIC MOVING SERVICES, INC.

Principal Place of Business

1593 VILLAGE GREEN DR., # 4
PT. ST. LUCIE FL 34952

Mailing Address

1593 VILLAGE GREEN DR., # 4
PT. ST. LUCIE FL 34952

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0559484

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEVRIES, JERILYN	1593 VILLAGE GREEN DR., # 4	PT. ST. LUCIE FL 34952

500003059275--7
-12/02/99--01081--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEVRIES, JERILYN
1593 VILLAGE GREEN DR., # 4
PT. ST. LUCIE FL 34952

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jerilyn Devries
REGISTERED AGENT MUST SIGN

Date

10/20/99

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., 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:

Jerilyn Devries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99 561
335-3090

Daytime Phone #

Atlantic Moving Services

1593 Village Green Dr.
Port St Lucie, FL 34952
(561) 335-3090

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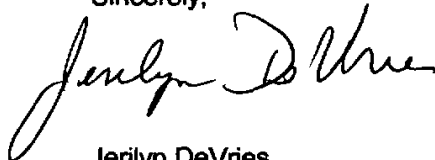
November 15, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Upon talking with your office a few weeks ago, concerning the fact that I had never received any of the paperwork for filing the 1999 corporate annual report, it was explained to me that I needed to send you a letter in writing expressing those views. The building where our office is located has several other businesses also, where I assume that the paperwork was delivered by mistake and never forward to us. Please except my apologizes and inform me if you need any additional information. Thank you for your time and attention to this matter.

Sincerely,



Jerilyn DeVries
President

Visit our Web-site at
www.familymoving.com