

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 16 PM 2:26

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P95000060602**

1. Corporation Name  
**MONTI VAN LINES, INC.**

Principal Place of Business  
 % MONTI MOVING & STORAGE, INC.  
 925 BERGEN STREET  
 BROOKLYN NY 11238

Mailing Address  
 % MONTI MOVING & STORAGE, INC.  
 925 BERGEN STREET  
 BROOKLYN NY 11238



**REINSTATEMENT**

*P. M. W.*

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

08/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0606927

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ASCANIO, MONTIANO	17 CONTINENTAL DR	WEST NYACK NY 10994
VP	ASCANIO, TRINIDAD	17 CONTINENTAL DR	WEST NYACK NY 10994

3000002383773--2  
 -12726797-01097-016  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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 *Lisa J. Mulligan*  
 REGISTERED AGENT MUST SIGN

Date *12/15/97*

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: *Montiano Ascanio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/97

305 884-4550

Date

Daytime Phone #

CP2E040 (8/97)