

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 SEP 29 AM 8:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000060602

1. Corporation Name

MONTI VAN LINES INC.

W-22085

Principal Place of Business

Mailing Address

3601 VINELAND RD STE 11 3601 VINELAND RD. STE. 11

ORLANDO FL 32811-6474 ORLANDO FL 32811-6474

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 8100

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1995

5. FEI Number

65-0606927

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D-P-T-5	MONTIANO ASCANIO	17 CONTINENTAL DR.	W. NYACK NY. 10994
D-	TRINIDAD ASCANIO	17 CONTINENTAL DR.	W. NYACK NY. 10994
D-VP	BERNABEL PINEDA	3663 REDDITT RD.	ORLANDO FL 32822
			200003417652--7 -10/06/00--01127--006 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name BERNABEL PINEDA
Street Address (P.O. Box Number is Not Acceptable)
3663 REDDITT RD.
Suite, Apt. #, Etc.
City ORLANDO
State FL Zip Code 32822

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

Bernabel Pineda

REGISTERED AGENT MUST SIGN

Date 9-26-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

KE

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:

Bernabel Pineda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- BERNABEL PINEDA - 8/9/2/2000

Date

(407) 835-8144

Daytime Phone #

CR2E081 (12/98)