

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

REINSTATEMENT 800

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 <input type="checkbox"/> \$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
D-P-T-5	MONTIANO ASCANIO	17 CONTINENTAL DR.	W. NYACK NY. 10994
D-	TRINIDAD ASCANIO	17 CONTINENTAL DR.	W. NYACK NY. 10994
<del>D-VP</del>	<del>BERNABEL PINEDA</del>	<del>3663 REDDITT RD.</del>	<del>ORLANDO FL 32822</del>
			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* - BERNABEL PINEDA - 89/10/2000 (407)835-8144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)