


Handwritten initials and date: 10/21/97

APPLICATION FOR REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS**

DOCUMENT # F95000065874

1. Corporation Name
BARRON'S MOVING & STORAGE, INC.

2. Mailing Address
**1513 N.W. 130th St.
North Miami, FL 33161**

3. DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
1997 OCT 21 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. DO NOT WRITE IN THIS SPACE
6. Date this application or certificate to do business in Florida
8/25/95

7. FILING NUMBER
63-0603811

8. CERTIFICATE OF STATUS DESIRED

9. Name and Street Address of Each Officer and/or Director (Provide nonprofit corporations must list all names & directors)

140(1)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT List P.O. Box Numbers)	City, State / Zip
PID	TAMMY MARCIANO	9225 Carlyle Avenue	Burleside, FL 33154
VET	BARRON LIBASCI	9225 Carlyle Avenue	Burleside, FL 33154

REINSTATEMENT '96-97
SCC 10-21-97

10. Name and Address of Current Registered Agent
**Alan W. Levine, Esq.
Levine & Partners, P.A.
1110 Brickell Avenue, 7th Floor
Miami, FL 33131**

11. Name and Address of New Registered Agent
NAME _____
Street Address (P.O. Box Number is NOT Acceptable) _____
City, Apt. #, etc. _____
City _____ State _____ Zip Code _____

12. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

13. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I do hereby certify that the information supplied is accurate and complete to the best of my knowledge and belief. I am an officer or director of the corporation and I have authorized the filing of this application and provided for the payment of any and all fees and taxes due. I understand that when filing this reinstatement application the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 817.062, 817.063, 817.064, 817.065, and that all fees owed by the corporation have been paid. 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: **BARRON LIBASCI** *[Signature]* **10/20/97** **305-899-1650**

OCT 21 97 (TUE)

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10/20/97
10:30 AM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000017359 5))

TO: DIVISION OF CORPORATIONS
(850)922-4000

FAX #:

FROM: LEVINE & PARTNERS, P.A.
074677001117

ACCT#:

CONTACT: LIZ BREIER
PHONE: (305)372-1350
(305)372-1352

FAX #:

NAME: BARRON'S TOWING & STORAGE, INC.

AUDIT NUMBER.....H97000017359

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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