

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 AUG 13 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004075

1. Corporation Name  
AMERICAN MOVING AND STORAGE, INC.

Principal Place of Business Mailing Address  
660 Island Rd.  
Miami, FL 33137

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
SAME AS ABOVE  
Suite, Apt. #, etc.

3. New Mailing Address, if Applicable  
SAME AS ABOVE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
01-12-1996

City & State

City & State

5. FEI Number  
65-0638988

Applied For

Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Yolanda Lozano	660 Island Rd.	Miami, FL 33137

10004563541-3  
-08/30/01--01024--020  
\*\*\*1358.75 \*\*\*1358.75

REINSTATEMENT 97-01 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Vova Philips  
1101 Brickell Ave.  
Suite 900  
Miami, FL 33131

Name Yolanda Lozano  
Street Address (P.O. Box Number is Not Acceptable)  
660 Island Rd.  
Suite, Apt. #, Etc.  
City Miami  
State FL Zip Code 33137

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

REGISTERED AGENT MUST SIGN

Date 07/18/01

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 807.0401 or 617.0401, P.S., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 07/18/01