

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 31 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000037877

1. Corporation Name

ABLE TO MOVE + STORE INC

200164088492  
12/31/09--01054--010 \*\*150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

408 SW SYCAMORE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PORT ST LUCIE

Zip

34986

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/15/1998

5. FEI Number

650625147

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEITH GRANGE

Street Address (P.O. Box Number is Not Acceptable)

408 SW SYCAMORE COVE

Suite, Apt. #, Etc.

City

PORT. ST LUCIE

State

FL

Zip Code

34986

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/28/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KEITH GRANGE	408 SW SYCAMORE	PORT ST LUCIE FL 34986
VP	LENORE GRANGE	408 SW SYCAMORE	PORT ST LUCIE FL 34986

**REINSTATEMENT**

**RH**

10. E-mail Address: LOVIE LENORE@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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: *Lenore Grange* LENORE GRANGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/09 772 871 9696

Date

Daytime Phone #