

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000017153

1. Entity Name  
A MAN WITH A VAN, INC.



FILED

07 OCT 22 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~11406 PIERSON ROAD~~ ~~11406 PIERSON ROAD~~  
~~SUITE C-7~~ ~~SUITE C-7~~  
~~WELLINGTON, FL 33414~~ ~~WELLINGTON, FL 33414~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

11420 Fortune Circle 7 Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
STE I-22 I-22

City & State City & State

Wellington FL Wellington FL

Zip Country Zip Country

33414 USA



4. FEI Number 65-0728270

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IACOVETTI, JOHN JR  
13652 EXOTICA LANE  
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IACOVETTI, JOHN P 11406 PIERSON ROAD WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. John P. Iacovetti 13652 EXOTICA LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111145305 10/22/07--01068--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/07 561 784 9722

Date Daytime Phone #