

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -4 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000026049**

1. Corporation Name

**ACTION MOVERS AND STORAGE
INCORPORATED**

2. Principal Office Address

190 CATALINA ISLES DR

Suite, Apt. #, etc.

190

City & State

MERRITT ISLAND FL

Zip

32953

Country

BREUARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

190

City & State

SAME

Zip

Sm

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-02

5. FEI Number

59-3418488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KIM ANDERSEN

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

190 CATALINA ISLES DR

Suite, Apt. #, Etc.

900009332929

12/04/02--01008--003 **150.00

City

MERRITT ISLAND

State

FL

Zip Code

32953

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]

Date **NOVEMBER 26-02**

REGISTERED AGENT MUST SIGN

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	KIM ANDERSEN	190 CATALINA ISLES	MERRITT ISL FL 32953
SECRETARY	CINDI GRIFFIN	190 CATALINA ISLES	MERRITT ISL FL 32953

10. 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:

[Signature]

KIM ANDERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-02 459-3607

Date

Daytime Phone #

321

01E081 (9/01)

NOV 26 02

MRS MILLIGAN

I AM WRITTING THIS LETTER
TO INFORM YOU THAT I HAVE NOT
RECEIVED MY CORPORATE ~~FORM~~ FORM
FOR 2002.

THERE WAS AN ERROR IN THE
ADDRESS.

I DRIVE A TRUCK AND HAVE JUST
RETURNED TO FLORIDA, THIS HAS JUST
COME TO MY ATTENTION PER MY
CONVERSATION ON THE PHONE WITH YOU.

THANK YOU.



KIM ANDERSEN