


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 1:54

DOCUMENT # P97000029749

1. Corporation Name *All Pro Van lines, Inc.*

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| | | | |
|---|------------------------|---|------------------------|
| 2. Principal Office Address <i>5897 SW 21st Street</i> | | 3. Mailing Office Address <i>5897 SW 21st Street</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>Hollywood, FL</i> | | City & State <i>Hollywood, FL</i> | |
| Zip <i>33023</i> | Country <i>U.S.</i> | Zip <i>33023</i> | Country <i>U.S.</i> |

4. Date Incorporated or Qualified
To Do Business in Florida *3-1-97*

5. FEI Number *650740431*

| |
|----------------|
| Applied For |
| Not Applicable |

6. CERTIFICATE OF STATUS DESIRED ☒ \$875-Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Elijah Bowles III*
Street Address (P.O. Box Number is Not Acceptable)
9630 Mill Pond Dr
Suite, Apt. #, Etc.
City *Miramar*

State *FL* Zip Code *33025*

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 *Elijah Bowles III*
REGISTERED AGENT MUST SIGN

Date *12/15/00*

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

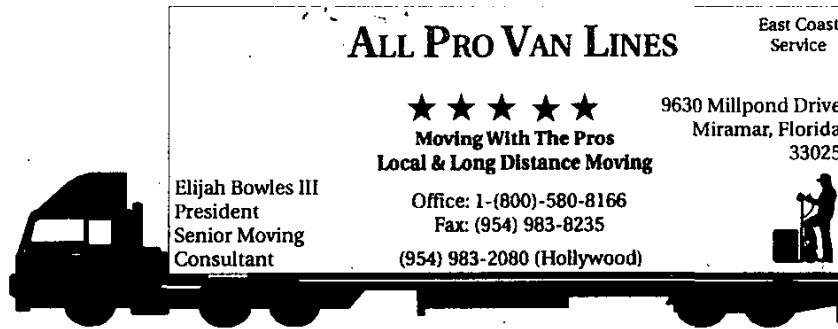
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------|-----------------------------------|--|--------------------------|
| President | <i>Elijah Bowles III</i> | <i>9630 Mill Pond Dr.</i> | <i>Miramar, FL 33025</i> |
| Vice President | <i>Lisa D. Bowles</i> | <i>9630 Mill Pond Dr.</i> | <i>Miramar, FL 33025</i> |
| Treasurer | <i>Elijah Bowles III</i> | <i>9630 Mill Pond Dr.</i> | <i>Miramar, FL 33025</i> |
| Secretary | <i>Lisa D. Bowles</i> | <i>9630 Mill Pond Dr.</i> | <i>Miramar, FL 33025</i> |
| | | | |
| | | | |

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: *Elijah Bowles III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/15/00* Daytime Phone #

CR2E081 (9/99)



P97000029749

Florida Department Of State
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It My Concern,

All Pro Van Lines, Inc. never received the Corporation Reinstatement Renewal form this year. That is the reason for All Pro Van Lines not sending in the Corporation Reinstatement Renewal Form and Fees. But upon finding out that fees were due and that the your files had All Pro Van Lines showing as not paying them or sending in the forms, we promptly tried to resolve the matter as fast as we could.

So if u have any questions feel free to call me at any of the numbers listed above.

Sincerely,

A handwritten signature in cursive script, reading "Elijah Bowles III".

Elijah Bowles III

President
All Pro Van Lines, Inc.