

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 16 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046194

1. Corporation Name

CHASE MOVING & SERVICE, INC.

2. Principal Office Address

413 Cancun Ct.

3. Mailing Office Address

Same As Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32259

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/23/1997

5. FEI Number

59-3452096

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

LeBoeuf, Lamb, Greene & MacRae Attn: Kimberley Dahlberg

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

50 North Laura Street

Suite, Apt. #, Etc.

2800

City

Jacksonville

State

FL

Zip Code

32202

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

Kimberley Dahlberg

Date 04/15/04

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
D	Radford, Mark S.	413 Cancun Ct.	Jacksonville, FL 32259

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

Date

(904) 260-8889

Daytime Phone #

CR2E081 (01/04)

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