

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087060

1. Corporation Name

CONGRESS VAN LINES, INC.

Principal Place of Business

1801 B NW 38 AVE
LAUDERHILL FL 33311

Mailing Address

1801 B NW 38 AVE
LAUDERHILL FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

838 N.E 40 CT

Suite, Apt. #, etc.

838 N.E 40 CT

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

Zip 33334

Country USA

Zip 33334

Country USA

REINSTATEMENT

10/08/1997

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0815672

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VAKNIN, MEIR	1801 B NW 38 AVE 838 N.E 40 CT	OAKLAND PARK FL 33334

3000002763989-8
-02/03/99--01083--010
****900.00 ****900.00

8. Name and Address of Current Registered Agent

STOLL, STEVEN M
1117 PONCE DE LEON DR
FT LAUDERDALE FL 33316-1360

9. Name and Address of New Registered Agent

Name VAKNIN, MEIR
Street Address (P.O. Box Number is Not Acceptable)
838 N.E 40 CT
Suite, Apt. #, Etc.
City OAKLAND PARK
State FL Zip Code 33334

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

X MEIR VAKNIN

REGISTERED AGENT MUST SIGN

Date

NOV 13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See instructions for information on intangible tax.)

12. 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:

X MEIR VAKNIN

MEIR VAKNIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 13/98

Date

954-568-6696

Daytime Phone #

CR2E040 (9/98)