

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 # P97000094182

1. Corporation Name

A BASIC VAN LINES, INC.

Principal Place of Business

Mailing Address

~~102 BAYBERRY CIRCLE~~
JUPITER FL 33458

~~102 BAYBERRY CIRCLE~~
JUPITER FL 33458

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

2. New Principal Office Address, If Applicable
900 West 15th Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 11388
Suite, Apt. #, etc.

City & State
Riviera Beach, FL
Zip 33404 Country USA

City & State
Riviera Beach, FL
Zip 33419 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/31/1997

SP

5. FEI Number

65-0845692

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	CLARKE, STUART	102 BAYBERRY CIRCLE	JUPITER FL 33458
		900 West 15th Street	Riviera Beach, FL 33404
			600002921466-3 -07/01/99--01093--001 ****750.00 ****750.00
			600002921466-3 -07/01/99--01093--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARKE, STUART
~~102 BAYBERRY CIRCLE~~
~~JUPITER FL 33458~~

Name
Street Address (P.O. Box Number Is Not Acceptable)
102 Bayberry Circle
Suite, Apt. #, Etc.
City Jupiter, FL State FL Zip Code 33458

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

REGISTERED AGENT MUST SIGN

Date 4/26/99

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

Yes ☒ No ☐

(See other side 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART CLARKE, President

4/26/99 561-840-8606
Date Daytime Phone #

CR2E040 (9/98)