

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000026211**

1. Corporation Name

**J & E VAN LINES INC**

Principal Place of Business

518 LINNET CIRCLE  
DEL RAY BEACH FL 33444

Mailing Address

518 LINNET CIRCLE  
DEL RAY BEACH 33444

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1998

5. FEI Number

65-0821256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT

83

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RIOJAS, JUAN F	518 LINNET CIRCLE	DELRAY BEACH FL 33444

700023973327

10/21/03--01080--026 \*\*750.00

8. Name and Address of Current Registered Agent

RIOJAS, JUAN F  
518 LINNET CIRCLE  
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Juan Riojas*

REGISTERED AGENT MUST SIGN

Date

10-16-03

11. 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:

*Juan Riojas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres*

Date

10-17-03

Daytime Phone #

CR20040 (7/03)