

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Florida Kid Movers group Inc

2. Principal Office Address, If Applicable
108 N Cortez Dr. C/S B margate Fl 33068

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

2. New Principal Office Address, If Applicable <u>SAME</u>	3. New Mailing Office Address, If Applicable <u>SAME</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>Sept 15 1986</u>
Sub-Address	Suite, Apt #, etc	5. FEI Number <u>650109880</u>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33068</u>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

1. Title	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
<u>President</u>	<u>Michael A'beel</u>	<u>108 N Cortez Dr</u>	<u>33068 C/S B margate Fl</u>

8. Name and Address of Current Registered Agent <u>Michael A'beel 108 N Cortez Dr C/S B margate Fl 33068</u>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc. City State <u>FL</u> Zip Code
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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: Michael A'beel REGISTERED AGENT MUST SIGN
Date: 10/25/99

11. This corporation owes 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: Michael A'beel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/25/99
Daytime Phone #: 954 978 9434
(954) 294 5052

CP2E08 (1/2-98)

FI Kid movers Group Inc
108 N Costez Drive Cir B
Margate Florida 33068

To Whom It may concern (2)
The Reason I Didn't make my Payment
for 1999 was Due to the fact that
your Department had the wrong
mailing address. It was Brought to
my attention that my Business was
Supposedly dissolved which was
Purely not true I have Every
Intention of staying in Business please
make note of my address for your
Records Thank you

Michael Abel
Florida Kid movers group
Inc

FEI 650109880

RS

You sent the Renewal forms to the wrong
place I didn't receive anything here!
If I had I would have sent them back
with a check!