
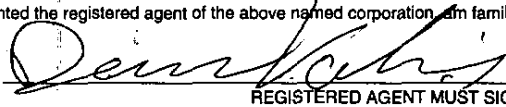



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG 31 PM 12:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000096855					
1. Corporation Name <p style="text-align: center;">MASSADA MOVING & STORAGE, INC.</p>					
2. Principal Office Address 3895 PEMBROKE ROAD Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		<div>100040646051 08/30/04--01079--006 **\$50.00</div> <div>100040646051 08/30/04--01079--005 **1000.00</div> <div>REINSTATEMENT 03-04</div>	
City & State HOLLYWOOD, FL		City & State			
Zip 33021	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 11/18/98					
5. FEI Number 65-0875846				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name DORON VAKNIN					
Street Address (P.O. Box Number is Not Acceptable) 3895 PEMBROKE ROAD					
Suite, Apt. #, Etc.					
City HOLLYWOOD,				State FL	Zip Code 33021
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  REGISTERED AGENT MUST SIGN Date 8/25/04					
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		
Pres	DORON VAKNIN	3895 Pembroke Road	Hollywood, FL 33021		
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:  8/25/04 954-893-7368					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/04)