

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000010333**

1. Corporation Name

ADMIRED MOVING & STORAGE INC.

Principal Place of Business

Mailing Address

3691 SOUTH U.S. HIGHWAY #1
EDGEWATER FL 32141

3691 SOUTH U.S. HIGHWAY #1
EDGEWATER FL 32141

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1999

5. FEI Number

11-3278196

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	4 City / State / Zip
PST	GIBSON, JOHN	134 ARBOR LANE	EDGEWATER FL 32141
VP	GIBSON, JOHN	134 ARBOR LANE	EDGEWATER FL 32141

7800004672437 6
-11/08/01--01046--012
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBSON, JOHN
134 ARBOR LANE
EDGEWATER FL 32141

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.

Signature of
Registered Agent

John Gibson
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

John Gibson **JOHN GIBSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

386-427-4606

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 12:47



REINSTATEMENT 01

CR2ED40 (8/01)