

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JUL 29 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022266

1. Corporation Name

McClain's Van Lines, Inc.

2. Principal Office Address

3862 SW 30th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3862 SW 30th Ave.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip
33312

Country

USA

City & State

Hollywood, FL

Zip
33312

Country

USA

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/99

5. FEI Number

65-0902745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOLORES K. SANCHEZ, ESQUIRE

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

4701 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

STE 316

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

[Signature]

Date 7-26-05

REGISTERED AGENT MUST SIGN

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
A	Joseph McClain	3862 SW 30 th Ave.	Hollywood, FL 33312

900057972969
07727/05-01047-002 #450.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-05 931-321-2723

Date

Daytime Phone #

CR2E081 (01/05)

8/4/05

2/2

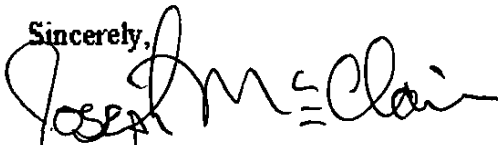
July 26, 2005

McClain's Van Lines, Inc.
3862 SW 30th Ave
Hollywood, FL 33312

To Whom It May Concern,

This letter is being written to inform the state that McClain's (P99000022266) never received the 2003 annual report form. We have included a \$450 check with this letter for reinstatement.

Sincerely,

A handwritten signature in black ink that reads "Joseph McClain". The signature is written in a cursive style with a large, stylized "J" and "M".

Joseph McClain
954-321-7773
Fax 954-321-7779