


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P99 0000 23299			
<b>1. Corporation Name</b> Continental Nationwide Moving Services, Inc.			
<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		3389 Sheridan Street	
City & State		Suite, Apt. #, etc. 441	
Zip		City & State Hollywood, FL.	
Country	Zip	Country	Zip
		USA	33021

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 20 AM 11:23

REINSTATEMENT 00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	3/8/99
<b>5. FEI Number</b>	22-3642859
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>Applied For</b> Not Applicable
<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name: MARK Cohen.	
Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood	
Suite, Apt. #, Etc.: 435 South	
City: Hollywood	State: FL Zip Code: 33312

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-12/28/00--01039--001  
\*\*\*\*750.00 \*\*\*\*750.00

**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: Mark Cohen  
REGISTERED AGENT MUST SIGN

Date: 11/20/00

**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.	Haim Shalem.	3389 Sheridan St #441	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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00 924-0204  
Date Daytime Phone #

CR2081 (9/99)