

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000094807

1. Corporation Name

SHERIDAN MOVING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 150961

ALTAMONTE SPRINGS FL 32715

P.O. BOX 150961

ALTAMONTE SPRINGS FL 32715



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

REINSTATEMENT 03

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3605831

Applied For

Not Applicable

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32804

USA

6. CERTIFICATE OF STATUS DESIRED ☐\$A /h 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
P	SHERIDAN, PHILIP E	P O BOX 150961	ALTAMONTE SPRINGS FL 32715
T	STANFORD, JERRY L	1803 CROWN WAY	ORLANDO FL 32804

400023857284
10/16/03--01059--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANFORD, JERRY L
1803 CROWN WAY
ORLANDO FL 32804

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-03

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 607.04(1) or 617.04(1), 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

10-13-03 (407) 648-9695

Date

Daytime Phone #

Jerry L. Stanford, CPA
1803 Crown Way
Orlando, FL 32804
phone 407-648-9695
fax 407-648-0938

October 13, 2003

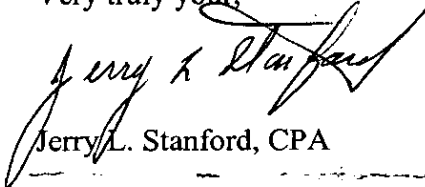
Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

RE: Sheridan Moving, Inc.
P99000094807
ID# 59-3605831
Uniform Business Report

Gentlemen:

My Client, Phil Sheridan, is in the moving business. He is "on the road" most of the time and I do get most of his mail and do address all tax situations. This may have been all my fault. Anyway, thank you for the notice of dissolution so that it can be easily address. By the way, we did not receive second notice.

Very truly your,



Jerry L. Stanford, CPA

Enclosed check for \$150.00 and Application of Reinstatement