PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.	1803 CROWN WAY Suite, Apt. #, etc.
City & State	City & State ORLANDO FL
Zip / Country	Zip 32804 / Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/27/1999

5. FEI Number: 59-3605831 ☐ 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
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

STANFORD, JERRY L
1803 CROWN WAY
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E046 (7/03)

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: Jerry L Stanford Date: 10-13-03
REGISTERED AGENT MUST SIGN

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: Jerry L Stanford 10-13-03 (407) 648-9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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