

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W08000246110

FILED

08 OCT 16 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 514483

1. Corporation Name

STRESS FREE MOVING & STORAGE, INC.

700136673507
10/16/08--01049--002 **158.75

700136673507
10/06/08--01061--003 **150.00

2. Principal Office Address - No P.O. Box #

4491 A WILLOW POND ROAD

3. Mailing Office Address

4491 A WILLOW POND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33417

Country

US

Zip

33417

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 11/27/90

5. FEI Number
65-0256532

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
GEORGE LAMPROPOULOS

Street Address (P.O. Box Number is Not Acceptable)
4491 A WILLOW POND ROAD

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State Zip Code
FL 33417

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

George Lampropoulos
REGISTERED AGENT MUST SIGN

Date 09/27/08

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
P	GEORGE LAMPROPOULOS	4491 A WILLOW POND ROAD	West Palm Beach 33417

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 contained in Chapter 119, 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:

George Lampropoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Lampropoulos

Date

561 687-1099

Daytime Phone #

2010/17