

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 22 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546562

1. Corporation Name Florida Movers, Inc.

Principal Place of Business

Mailing Address

606 Bayberry Drive
Apt # 4
Lake Park, FL 33403

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

2. New Principal Office Address, If Applicable
606 Bayberry Drive

Suite, Apt. #, etc.
Apartment # 4

City & State
Lake Park, Florida 33403

Zip 33403 Country Palm Beach

3. New Mailing Office Address, If Applicable
Florida Movers Inc;

Suite, Apt. #, etc.
P.O. BOX 10451

City & State
Riviera Beach, Florida

Zip 33419 Country Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

January 27, 1997

5. FEI Number

650263023

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Thurman Walker	606 Bayberry Drive #4 1000 Bayberry Drive #4	Lake Park, FL 33403

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REINSTATEMENT 92-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Thurman Walker
Street Address (P.O. Box Number is Not Acceptable)
606 Bayberry Drive
Suite, Apt. #, Etc.
Apt # 4
City Lake Park State FL Zip Code 33403

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.

Signature of Registered Agent Thurman Walker
REGISTERED AGENT MUST SIGN

Date 6-2-00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Thurman Walker Thurman Walker 6-2-00 (561) 863-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12041 (1/98)