

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S51701

1. Corporation Name

Dowsett's American Household Moving & Storage of  
Broward, INC.

Principal Place of Business

268 SW 33 Street  
FT. Lauderdale, FL 33315

Mailing Address

New address

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05-20-91

5. FEI Number

65-0272299

☒ Applied For  
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 95-97

FILED  
97 AUG -4 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Michael Dowsett	268 SW 33 Street	FT. Lauderdale, FL 33315
D	Claudia Dowsett	268 SW 33 Street	FT. Lauderdale, FL 33315

4000002261774-6  
-08/08/97--01089--012  
\*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

William Leonard  
633 S. Andrews Ave  
FT. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name

Claudia Dowsett

Street Address (P.O. Box Number is Not Acceptable)

268 SW 33 Street

Suite, Apt. #, Etc.

City

FT. Lauderdale,

State  
FL

Zip Code  
33315

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

Claudia Dowsett  
REGISTERED AGENT MUST SIGN

Date 07-31-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Claudia Dowsett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-31-97

Date

(954)523-9657

Daytime Phone #

CR2040 (12/96)