

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES
**APPROVED
AND
FILED**

1997 APR -1 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # V03371**

PETERSON VAN LINES INC.
472 Holiday Drive
Hallandale, Florida 33009

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business In Florida
December 26, 1991

5. FEI Number
65-0326211

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status.

CERTIFICATE OF STATUS DESIRED ☒

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
PST	Robert Peterson, Sr.	5 Kerwood Court	Silverspring, Maryland 20904

600002131206--5
04/02/97 01060 001
***1253.75 ***1253.75

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Robinson and Marks, P.A.
Attn.: Paul J. Robinson
1590 N.E. 162 Street
Suite 200
North Miami Beach, Florida 33162

9. If changed, new registered agent / office

Name

Martin R. Press, P.A.

Street Address (Do NOT Use P.O. Box Number)

Broad and Cassel

Street Address (Do NOT Use P.O. Box Number)

500 East Broward Boulevard, Suite 1130

City

Fort Lauderdale

State

FL

Zip

33394

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

By: Martin R. Press, P.A.

Date 3/31/97

Martin R. Press, REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Robert Peterson Sr.

Date 3/24/97

Daytime Phone # (301) 985-4000

Typed or printed name of signing officer or director