

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V21170

1. Corporation Name

ALL IN THE FAMILY MOVING & STORAGE, INC.

Principal Place of Business

Mailing Address

6805 STUART LANE S  
SUITE C  
JACKSONVILLE FL 32254  
US

6805-1 STUART LANE S.  
JACKSONVILLE FL 32254  
US



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3242403

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|----------|---|--|-------------------------|
| P        | MASSARO,, FRED                            | 3551 N.W. 15TH STREET,SUITE C                          | LAUDERHILL FL 33311     |
| V        | HOROWITZ, STEVE                           | 6805 STUART LANE S                                     | JACKSONVILLE FL         |
|          |   |  |                         |
|          |   |  |                         |
|          |   |  |                         |
|          |   |  |                         |
|          |   |  |                         |

4000003456074--4  
-11/07/00--01119--019  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAFER, ELIOT J  
3974 WOODCOCK DR  
STE 100  
JACKSONVILLE FL 32207

Name

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

4925 Beach Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

SIGNATURE REQUIRED

Date 10/30/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LS