

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -3 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002620

1. Corporation Name

DRYCLEAN ALTERNATIVE VALET, INC.

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

117 E. AMELIA ST

Suite, Apt. #, etc.

3. Mailing Office Address

117 E. AMELIA ST

Suite, Apt. #, etc.

City & State

ORLANDA, FL.

City & State

ORLANDA, FL.

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2002

5. FEI Number
26-0040404

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

PHILIP LEADER

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

2822 S. ALAFAYA TRAIL

Suite, Apt. #, Etc.

STE. 160

City

ORLANDO

State

FL

Zip Code

32828

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

Philip Leader
REGISTERED AGENT MUST SIGN

Date 01/02/2008

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	DELEECIA T. SEGREE	470 OCEAN AVE. RF3	BROOKLYN, NY. 11226

100115398391
01/17/08--01034--003 **750.00

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:

Deleecia T. Segree
SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELEECIA T. SEGREE

01/02/2008

917-549-6903

Date

Daytime Phone #