

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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**DOCUMENT # P03000094626**

1. Entity Name  
**CELEBRITY CLEANERS OF DELRAY BEACH, INC.**



**FILED**

**07 JAN -2 AM 11:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**4751 W ATLANTIC AVE.  
DELRAY BEACH, FL 33445**

Mailing Address  
**2101 NW CORPORATE BOULEVARD  
SUITE 414  
BOCA RATON, FL 33431**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**4751 WEST ATLANTIC AVE**  
Suite, Apt. #, etc.

City & State  
**DELRAY BEACH, FL**

Zip  
**33445**

Country  
**U.S.A**

**REINSTATEMENT**

4. FEI Number  
**47-0929567**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KLEIN, JEFFREY G  
NEWMAN POLLOCK & KLEIN, LLP  
2101 NW CORPORATE BLVD., SUITE 414  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent  
Name  
**Jeffrey Cahn**  
Street Address (P.O. Box Number is Not Acceptable)  
**957 Greensward Lane**  
City  
**Delray Beach** FL Zip Code  
**33445**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JEFFREY CAHN** DATE **12-26-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CAHN, JEFFREY<br/>2652 NW 4655<br/>BOCA RATON, FL 33434</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT<br/>JEFFREY CAHN<br/>957 GREENSWARD LANE<br/>DELRAY BEACH, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>200083983052<br/>01/11/07--01085--003 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>4/26/06 90179 019<br/>\$150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **12-26-06** DAYTIME PHONE **561-498-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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December 26, 2006

Florida Department of State  
Division of Corporations  
P. O. Box #6327  
Tallahassee, FL 32314

Att: Reinstatement Section

To whom it may concern:

I am writing you with regard to Document #P03000094626.

Please find enclosed a copy of our check #1552 issue to the Florida Department of State for \$150.00 on April 10, 2006. Please also note that it was processed on April 26, 2006.

Apparently, the original form was not signed properly and a notice was issued. Unfortunately the mailing address, the name and address of the Registered Agent and the address of the corporate officer is incorrect. The notices were never received.

I have made each of the appropriate corrections on the enclosed "Reinstatement Form" and signed this form where indicated. However, due to the misinformation on file I would ask that you waive any penalties that might otherwise be imposed.

In addition I have enclosed a check #2466 for \$150.00 to pay for the 2007 fee. I trust this will be acceptable. If there is any further information you may require please feel free to contact me.

Thank you in advance for your kind assistance and cooperation.

Very truly yours,

CELEBRITY CLEANERS OF DELRAY BEACH, INC.

  
Jeffrey Cahn  
President