

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000097516

1. Corporation Name

Save On Cleaners of Miramar, Inc

2. Principal Office Address

1600 E. Golfview Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Zip

33026

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

9-5-2003

5. FEI Number

03-0545316

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

Martene Leon-Rubido Esq

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

6780 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/17/06

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/D	Osvaldo Rubio	1600 E Golfview Dr P	Pembroke Pines FL 33026
S/D	Adela J. Kourany	1600 E Golfview Dr	Pembroke Pines FL 33026

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo Rubio, President

Date

4/24/06

Daytime Phone #

6/7/06