


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED

01 MAR -1 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000632945

1. Corporation Name

Jennifer's Dry Cleaning, Inc.

W001-4368

2. Principal Office Address

20011 SW 128<sup>th</sup> Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33196

Country

U.S.

Zip

Country

**REINSTATEMENT 09-01**

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

650659420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Raymond R. Beitra, P.A.

200003809572-3

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

551 West 51<sup>st</sup> Place

03/07/01--01009--126

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

#306

City

HALEAH

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date 2/11/01

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	DIEGO HERRERA	20011 SW 128 <sup>th</sup> Street	MIAMI, FL 33196
VP	Jerry Velazquez	551 West 51 Place Suite # 306	Hialeah, Florida 33012
VP	Raymond R. Beitra	551 West 51 Place Suite # 306	Hialeah, Florida 33012

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01

Date

(305)231-7777

Daytime Phone #