

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 19 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9700000 3311**
1. Corporation Name
Classic Cleaners, Inc.

Principal Place of Business Mailing Address
**14775 S. Dixie Highway
Miami, FL 33176**

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

REINSTATEMENT *98/00*

4. Date Incorporated or Qualified To Do Business in Florida **3/11/97**

5. FEI Number **65-0737850** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable Suite, Apt. #, etc.
City & State Zip Country

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.
City & State Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Minaz Porbanderwala	14775 S. Dixie Hwy. Miami, FL 33176	Miami, FL 33176
S	Amir Hooda	14775 S. Dixie Hwy	Miami FL 33176
VP	Amin Alladin	14775 S. Dixie Hwy	Miami FL 33176

500002669375-9
-10/21/98-01070-018
***750.00 ***750.00

8. Name and Address of Current Registered Agent
**Minaz Porbanderwala
5840 S. Dixie Hwy.
S. Miami, FL 33143**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]* REGISTERED AGENT MUST SIGN Date **10/14/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* **Minaz Porbanderwala** 10/14/98 (305) 661-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)