PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004074

REINSTATEMENT 03-04

1. Corporation Name

107 DRY CLEANERS, INC.

2. Principal Office Address	3. Mailing Office Address
13111 S.W. 26 TERRACE	13111 S.W. 26 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33175 Country:	Zip: 33175 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0381971 ☐ 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: BERTHA RODAS.

Street Address (P.O. Box Number is Not Acceptable): 13111 S.W. 26 TERRACE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33175

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: Bertha M. Rodas (President & Treasurer) Date: APRIL 21, 2004.

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DPT	BERTHA M. RODAS.	13111 S.W. 26 TERRACE	MIAMI, FL. 33175
DVS	ELIZABETH PESANTEZ	16622 S.W. 90 STREET	MIAMI, FL. 33196

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04/28/04--01006--004 **900.00

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 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: Bertha M. Rodas PRESIDENT & TREASURER APRIL 21/04 (786)437-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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