

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575795

1. Corporation Name

SPOT MASTER Dry Clean, Inc.

2. Principal Office Address

1480 E Hillsboro Blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deer Field Beach, Fla

City & State

Zip

Country

Zip

Country

33441

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

65-0368517

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

Carlos M. Ricardo Jr.

000079520620

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

1704 SW 6th Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

8/24/06

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
<u>Pres</u>	<u>Hilda E. Ricardo</u>	<u>1704 SW 6th Ave</u>	<u>Boca Raton Fla 33486</u>
<u>Sec.</u>	<u>Carlos M. Ricardo</u>	<u>1704 SW 6th Ave</u>	<u>" " " 33486</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilda E. Ricardo

Date

8/25/06 (913) 421-2317

Daytime Phone #

FILED

06 AUG 28 PM 4:12

SEC. TALLER
FLORIDA

REINSTATEMENT 02-06
CR2E081 (12/05)