

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 10 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 335693

1. Corporation Name

CONTINENTAL CLEANERS, INC.

2. Principal Office Address

798 NORTHWEST 62nd ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip **33150**

Country **USA**

3. Mailing Office Address

798 NORTHWEST 62nd ST.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip **33150**

Country **USA**

4. Date Incorporated or Qualified

To Do Business in Florida - **09/30/1968**

5. FEI Number

59-1234593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

LILLIE WHITEHEAD

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

798 NORTHWEST 62nd ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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

Lillie Whitehead

REGISTERED AGENT MUST SIGN

Date

07/01/02

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

PSTD

LILLIE WHITEHEAD

798 N.W. 62nd ST.

MIAMI, FLORIDA 33150

REINSTATEMENT 01-02

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:

LILLIE WHITEHEAD

SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/01/02

305-758-2451

Attachment pg 2 of 2
RICHARD A. SPAHN & ASSOCIATES, P.A.
ACCOUNTING AND TAX CONSULTANTS

PROFESSIONAL BUILDING
6752 PINES BLVD
PEMBROKE PINES, FLORIDA 33024

TEL: (954) 430-7675
FAX: (954) 430-7674

PROFESSIONAL BUILDING
3442 S.E. LAKE WEIR ROAD
OCALA, FLORIDA 34471

TEL: (352) 351-1216
TEL: (352) 732-2104
FAX: (352) 671-5373

#335693

JULY 01, 2002

FLORIDA DEPARTMENT OF STATE:

DEAR MADAM/SIR:

IN ACCORDANCE WITH THE ADVICE FROM YOUR OFFICE,
I AM ENCLOSING A CHECK IN THE AMOUNT OF \$ 900. AS THE FEE
FOR REINSTATING THE CORPORATION IDENTIFIED AS:

CONTINENTAL CLEANERS, INC.

DOCUMENT # 335693

SINCERELY,

