

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 652554

1. Corporation Name

Quality Dry Cleaners, Inc.

2. Principal Office Address - No P.O. Box #

10450 Bloomfield Hills Dr.

3. Mailing Office Address

10450 Bloomfield Hills Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, Florida

City & State

Seffner, Florida

Zip

33584

Country

U.S.A.

Zip

33584

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

59-1968-666

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
Jack L. Smith, President

Street Address (P.O. Box Number is Not Acceptable)
10450 Bloomfield Hills Dr.

Suite, Apt. #, Etc.

City
Seffner,

State
FL

Zip Code
33584

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jack L. Smith, P
REGISTERED AGENT MUST SIGN

Date **11-09-07**

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
	Jack L. Smith, President	10450 Bloomfield Hills Dr.	Seffner, Florida 33584
	Judith A. Smith, Vice President	10450 Bloomfield Hills Dr.	Seffner, Florida 33584
	Angela L. Ayes-Martin, Secretary, Treasurer	10454 Bloomfield Hills Dr.	Seffner, Florida 33584

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:

Jack L. Smith, P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-07

Date

813-630-1935

Daytime Phone #