PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 05 APR 27 PM 4: 06 SECRETART OF STATE TALLAHASSEE, FLORIDA					
DOCUMENT # 670476 1. Corporation Name A-ONE CLEANERS, INC						fid					
2. Principa	l Office Address	3. Mailing O	3. Mailing Office Address				04/27/0501030005 **450.00 				
2200) E. FIFTH STRE	EET 2200	2200 E. FIFTH STREET				A PENDOTA PENDENT A3 -AK				
Suite, Apt. #	f, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 05/19/1980				
City & State		City & State	City & State								
	AMA CITY, FL	PANAMA	PANAMA CITY, FL				5. FEI Number Applied For S 9 - 2029641 Not Applicable				
Zip 324(Ol Country USA	^{Zip} 32401		Country USA		6. CERTIFICAT	E OF STATU	s desired [tional Fee required	
	7. Name and Address of Current Registered Agent										
	MAULDIN, C.W.										
	Street Address (P.O. Box Number is Not Acceptable) 2200 E. FIFTH STREET										
-	Suite, Apt. #, Etc.										
	City PANAMA CITY						State Zip Code FL 32401				
8. 1, 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 Date 4/26/05											
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date .		1/26/	75	
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 Dir	rectors			ddress of Each and/or Director			Cil	ty / State / Zip		
PRS	MAULDIN, C.W		1400	TWIN	PINES	LANE	PANA	AMA C	TY, FI	32404	
SEC	MAULDIN, JOYCE	2	1400	TWIN	PINES	LANE	PANA	AMA CI	TY, FI	32404	
VΡ	CUTCHIN, CLARE	ENCE R	1403	TWEN	PINES	LANE	PANA	AMA CI	TY, FI	32404	
										i	
									MUM	1257	
									1-1	1 - 1	
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 filling 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: C.W. MAULDIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #											
SIGNATURE: /// / / / / / / / / / / / / / / / / /											

Steiner & Company

Certified Public Accountants

Phone (850) 784-0340 Fax (850) 784-4807 1714 West 23rd Street, Suite A Panama City, Florida 32405

April 25, 2005

Ms. Karon Beyer Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Corporation:

A-One Cleaners, Inc.

EIN:

59-2029641

Reference #:

670476

Form:

Corporation Reinstatement (Profit Corporation Annual Report)

Dear Ms Beyer:

A-One Cleaners, Inc recently became a client of ours. While reviewing their files, we discovered that their corporation had not been renewed.

In 2002, the taxpayer's previous accountant filed the Uniform Business Report using his business address as A-One's principal place of business and mailing address. The accountant then closed his office in 2003. We believe this is why A-One Cleaners did not receive proper notification of the renewal date and fees.

We have enclosed a Corporation Reinstatement Document. Please note the change of address for principal place of business and mailing address. Also enclosed is a check for \$450 (\$150 for 2003, \$150 for 2004, and \$150 for 2005).

We are respectfully requesting that the corporation be reinstated and the late filing fees be waived.

If you have any questions, please advise.

Sincerely,

William B. Steiner

Certified Public Accountant