

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F82002

1. Corporation Name

BAY AREA CLEANERS, INC.

2. Principal Office Address

16029 TAMPA PALMS BLVD
TAMPA, FL 33647

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

16029 TAMPA PALMS BLVD
TAMPA, FL

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE, 1982

5. FEI Number

59-2190194

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

BERGER, ERNEST J.

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

5803 AINSWORTH CT.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

500040021145

08/10/04--01005--005 **1093.75

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

[Signature]

Date AUG. 6, 2004

REGISTERED AGENT MUST SIGN

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
VPT	BERGER, LINDA J.	5803 AINSWORTH CT.	TAMPA, FL. 33647
PS	BERGER, ERNEST J.	5803 AINSWORTH CT.	TAMPA, FL. 33647

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST J. BERGER

Date

8-6-04 (813) 977-5500

Daytime Phone #

CR2E081 (01/04)