

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 15th

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G 59910

1. Corporation Name

Suburban Cleaners, Inc.

2. Principal Office Address

402 N.W. 13TH ST.

3. Mailing Office Address

402 N.W. 13TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL.

City & State

GAINESVILLE, FL.

Zip

32601

Country

USA

Zip

32601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2319372

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

EVERSON, JOHN W.

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

612 N.E. 156TH AVE.

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32609

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

John W. Emerson

REGISTERED AGENT MUST SIGN

Date

5/24/04

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
P	EVERSON, JOHN W.	612 N.E. 156TH AVE	GAINESVILLE, FL. 32609

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

JOHN W. EVERSON

5/24/04

Date

(352) 373-4776

Daytime Phone #

CR2E081 (10/02)

5/24/04

PAyCrest

I thank you for sending me the necessary
permit statement forms as we have not received them
the past few years. As per our conversation,
enclosed is the completed form and a check made
out for three hundred dollars (\$300.00). I am requesting
you to waive the statement fees.

Thank you again,

John W. Em

Suburban Cleaners, Inc.