


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 11 AUG - 8 AM 8:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G59910

1. Corporation Name
 Suburban Cleaners

2. Principal Office Address - No P.O. Box #
 402 NW 13th ST
 State, Apt. #, etc.

3. Mailing Office Address
 402 NW 13th ST
 State, Apt. #, etc.

City & State
 Gainesville, Fl. Gainesville, Fl.

Zip Country
 32601 USA 32601 USA

4. Date Incorporated or Qualified To Do Business in Florida
~~2-18-84~~ 9-15-83

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
 JOHN W. EVERSON

Street Address (P.O. Box Number is Not Acceptable)
 612 NE 156 AVE

City State Zip Code
 Gainesville, FL 32609

800210845068
 08/08/11-01046-008 **900.00

8. I am hereby appointing 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. Everson* Date: 8/4/11
 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
Pres.	JOHN W. EVERSON	612 NE 156 AVE	Gainesville, Fl. 32609

REINSTATEMENT
 2010-11

10. E-mail Address: _____
 (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.156, F.S.

SIGNATURE: *John W. Everson* JOHN W. EVERSON 8/4/11 352-538-3724
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SA