

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 31 AM 8:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H46418**

1. Corporation Name

MAJESTIC - IDEAL DRY CLEANERS & LAUNDRY, INC.

Principal Place of Business

Mailing Address

1717 W HILLSBOROUGH AVE
 P.O. BOX 272068
 TAMPA FL 33688
 US

1717 W HILLSBOROUGH AVE
 P.O. BOX 272068
 TAMPA FL 33688
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9800

4. Date Incorporated or Qualified To Do Business in Florida		03/11/1985	
5. FEI Number		Applied For	
59-2499615		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DREIER, STANLEY A.	1717 W HILLSBOROUGH AVE	TAMPA FL
V	DREIER, ADOLPH	1717 W HILLSBOROUGH AVE	TAMPA FL
TS P, D	DREIER, KEITH A.	1717 W HILLSBOROUGH AVE	TAMPA FL
EVP, D	Jeffrey T. Alexander	1717 W. Hillsborough Ave	Tampa
			100002732031--5 -01706733--01060--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DREIER, STANLEY A. 1717 W HILLSBOROUGH AVE TAMPA FL 33603	Name <u>Keith A. Dreier</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1717 W. Hillsborough Ave</u>	
	Suite, Apt. #, Etc.	
	City <u>TAMPA</u>	State <u>FL</u> Zip Code <u>33603</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-9-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-98

Date

Daytime Phone #

CR22020 (8/88)