

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47605

1. Corporation Name

Denice Cleaners, Inc.

2. Principal Office Address

2024 Alta Meadows La.

3. Mailing Office Address

2024 Alta Meadows La.

Suite, Apt. #, etc.

Apt. #812

Suite, Apt. #, etc.

Apt. #812

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

U.S.A.

Zip

33444

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1985

5. FEI Number

57-0797098

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

Jeffrey B. Kahn, Esq.

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

3300 University Dr.

Suite, Apt. #, Etc.

Suite 711

City

Coral Springs

State

FL

Zip Code

33065

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]
REGISTERED AGENT MUST SIGN

Date

6/4/2003

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
PD	Dana Lamb	2024 Alta Meadows La., Apt. #812	Delray Beach, FL 33444

REINSTATEMENT

01-03

000020546170

06/05/03 01002 004 **1.058.75

ITS

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]

President

5/21/2003

561-395-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)