

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K41779**

1. Corporation Name

EXECUTIVE STYLE CLEANERS, INC.

Principal Place of Business

**9725 NW 41 STREET STORE 25
MIAMI FL 33178**

Mailing Address

**9725 NW 41 STREET STORE 25
MIAMI FL 33178**

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

2. New Principal Office Address, if Applicable

**2625 SW 87th Ave
Miami FL**

3. New Mailing Office Address, if Applicable

**2625 SW 87th Ave
Miami FL**

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1988

5. FEI Number

65-0133795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	DE FALCO, RONALD	30 N LA SALLE ST 2024	CHICAGO IL

REINSTATEMENT 98-98 B.J. 1/1/99

500002768695--0
-02/09/99--01012--006
****900.00--****900.00

8. Name and Address of Current Registered Agent

**RODRIGUEZ, DIEGO
9725 NW 41 ST.
MIAMI FL 33178**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/22/99**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date (Type or Print Name)

CR2E046 (9/98)

FILED
99 JAN 29 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

