PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	REORATI ISTATEM					DEPAR Secretar SION OF C	y of Sta	ate	TATE		06	FIL OCT 16	EC 5 PM		92
DOCUMENT # L75639 1. Corporation Name									SECKLIBER OF STATE TALLAHASSEE, FLORIDA						
LA MIA DRY CLEANERS, INC.										-,-·		· 2		ii a	7-0l
2. Principal Office Address 2964 NORTH WEST 17 AVE.					3. Mailing Office Address 2964 NORTH WEST 17 AVE.				20 CR2E081 (12/05)						
Suite, Apt. #, etc.						uite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 05/24/1990					
City & State MIAMI FL					City & State MIAMI FL					5. EFL Number 65-0195272 Applied For Not Applicable					
^z 3314	Country				33142	33142 Country				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
						lame and A	Address o	f Current	Registere	ed Agent					
	Street Add 2964	Street Address (P.O. Box Number is Not Acceptable) 2964 NORTH WEST 17 AVE.													
	Мамі										FL	33142	2		
8. I, being appointed the registered agent of the above named convertion, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent															
9. Names	and Street A	ddresses		cer and/c	or Director (Flo	orida nonpro				ast 3 directors)	1				
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Direct										
PD	NELDA M. LOPEZ				2964 NORTH WEST					17 AVE.	MIA	MI, FL	3314	42	
SD	CARIDAD A. LOPE				Z	2964	NOR	TH W	/EST	17 AVE.	MIA	MI, FL	3314	42	
VD	JORGE A. LOPEZ, JR.					2964 NORTH WEST 17					!	<u> </u>			
										•	000 4/06-	0 811 -01022-	45 5 -009	**1350	0.00
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 807 or 817, 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 contained in Chapter 119, 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: Output Description of 17, F.S. I further certify that when filing this remains a provided for in chapter 807 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 contained in Chapter 119, 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 Date Daytime Phone #													Daytime F		

LA MIA DRY CLEANERS, INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 1998 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY

Nelda M. LOPEZ