

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

98-99 AR  
**REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 FEB 15 PM 1:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 -02/17/99--01066--011  
 \*\*\*\*308.75 \*\*\*\*308.75

**DOCUMENT # L-97721**

1. Corporation Name

**COMMERCE DRY CLEANERS, INC.**

Principal Place of Business Mailing Address  
 2107 SO. U.S. HWY. ONE  
 JUPITER, FL 33477-7321

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0217379	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	AHMED D. RAMATALIA	912 AUGUSTA POINT	PALM BEACH GARDENS, FL 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**AHMED D. RAMATALIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**912 AUGUSTA POINT**  
 Suite, Apt. #, Etc.  
 City **PALM BEACH GARDENS** State **FL** Zip Code **33418**

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 *A. Ramatalia* **AHMED D. RAMATALIA**  
 REGISTERED AGENT MUST SIGN

Date **2/10/99**

11. This corporation owes 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: *A. Ramatalia* **AHMED D. RAMATALIA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/96)

2012

**ALLEN STEINHORN & CO., INC.**  
ACCOUNTANTS AND CONSULTANTS

1001 NO. U.S. HIGHWAY ONE  
SUITE 510  
JUPITER, FL 33477-4478  
TEL 561-744-2804  
FAX 561-744-9665

February 11, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Commerce Dry Cleaners, Inc.  
65-0217379  
DOC# L-97721

Gentlemen:

I am writing on behalf of the above-captioned taxpayer regarding the dissolution of the Corporation in 1998.

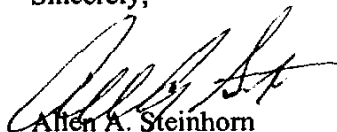
As the accountant for Commerce Dry Cleaners it was my responsibility to advise them of their obligation to keep their Corporate Fees current, but eight months ago I was hospitalized for bladder cancer and have been receiving chemotherapy treatments. Due to the side effects of the treatments I have not been able to work on a full time basis and as a sole practitioner, some reports did not go out to my clients on a timely basis.

Please find enclosed an application for Reinstatement from Commerce Dry Cleaners, Inc. along with their check in the amount of \$308.75 to cover the Annual Filing Fees for 1998 and 1999 and Certificate of Status.

I am respectfully requesting, under the circumstances, that their application for Reinstatement be accepted as filed and that no further penalties be assessed against them.

Your co-operation would be greatly appreciated.

Sincerely,



Allen A. Steinhorn

AAS/baw  
allen/comd.aas.doc