LIMITED LIABILITY									
COMPANY									
REINSTATEMENT									



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

FILED 01 MAR 27 AM 8: 07

Lynn Haven Dry Cleaners, L.L.C. 2. Percental Office Address 2008 S. Hwy 77 3. Maling Office Address P.O. Box 548 4. State/Country of Formation F. Florida S. Date Organized or Gualfield To be braised as in Florida To Substance Lynn Haven, Florida F. Fil Namber Say 32444 Country To Certifical Extra Status Desired in Florida To Substance Lynn Haven, Florida To Substance Lynn Haven, Florida To Substance Status Desired in Florida October 25-, 1.95 September 19 September		DOCUMENT # L99000007251 1. Limited Liability Company's Name							TALLAHASSEE. FLORIDA				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Florida S. Date Organized or Qualified Applicable Applicable App	Lyn	n Have	∍n Dry Cleane	rs, L.L.	C.		·					NUA	
City & State Lynn Haven, Florida Zip 32444 Country 7-CERTIFICATE OF STATUS DESIRED CERTIFICATE OF STATUS DESIRED Street Address of Current Registered Agent Name albert J. stopka, III, Esq. City Suite, Apt. #. Elic. City Lynn Haven State City Lynn Haven State Registered Agent								4. State/Cou	intry of Form	nation ·			
City A State Lynn Haven Florida Lynn Haven Florida Lynn Haven Florida Section	Suite, Apt. #	ŧ, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.				5 Date Organized or Qualified				
State Zip Code	Lynn Haven, Florida			Lynn	, ·			6. FEI Number Applied For 59 - 261 5 3 6 1					
Name Albert J. stopka, III, Esq. -04/06/01 -01034 -012	Zip 324	44	Country	Zip				7. CERTIFICAT	E OF STATUS	DESIRED [3500 Additor		
Street Address (P.O. Box Number's Not Acceptable) Street Address (P.O. Box Number's Not Acceptable) Suite, Apt. #, Etc. City Lynn Haven FL Signature of Registered Agent Titles Name of Managing Members/Managers Titles Name of Managing Members/Managers Mark Kirit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444 PO Box 548 Lynn Haven, FL 32444	8. Name and Address of Current Registered Agent												
Suite, Apt. #, Etc. City Lynn Haven State FL 32444 9. I, being appointed the registered agent of the closed period limited liability company am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGEN MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Managing Members/Managers Mirrit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444	į	Name albert J. stopka, III, Esq. Street Address (P.O. Box Number is Not Acceptable)									··-0103 4 -		
Lynn Haven 9. I, being appointed the registered agent of the above normal limited liability company am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Name of Managing Members/Managers Titles Name of Managing Members/Managers MGR Kirit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444 Lynn Haven, FL 32444	<u></u>	Suite, Apt. #, Etc.											
9. I, being appointed the registered agent of the about need limited liability company am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/ Manager City / State / Zip MGR Kirit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444		City	Lynn Haven			•							
10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City/State/Zip MGR Kirit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444	9. I, being												
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City/State/Zip MGR Kirit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444	Signature of Registered Agent Date												
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City/State/Zip MGR Kirit Patel PO Box 548 Lynn Haven, FL 32444 MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444	10. Name	s and Street	Addresses of Managing Men	nbers/Managers									
MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444 Lynn Haven, FL 32444		,	Name of		Street Address of Each				n Trust	City / S	tate / Zip		
MGRM Ajay Patel PO Box 548 Lynn Haven, FL 32444	MGR	Kirit Patel			PO Box 548				Lynn	Haven,	FL;	32444	
	MGRM	Ajay Patel			PO	PO Box 548			Lynn Haven, FL 32444				
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I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage

Date 3/26/2001 Daytime Phone # (850) 265-6535

Typed or printed name of signing Managing Member/Manager Kirit_Patel