

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 27 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007251

1. Limited Liability Company's Name

Lynn Haven Dry Cleaners, L.L.C.

2. Principal Office Address

2008 S. Hwy 77

3. Mailing Office Address

P.O. Box 548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynn Haven, Florida

City & State

Lynn Haven, Florida

Zip

32444

Country

Zip

32444

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

October 25, 1999

6. FEI Number

59-2615361

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

albert J. stopka, III, Esq.

600003962236-4

-04/06/01-01034-012

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

108 Mosley Drive

****200.00 ****200.00

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 3/26/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Kirit Patel	PO Box 548	Lynn Haven, FL 32444
MGRM	Ajay Patel	PO Box 548	Lynn Haven, FL 32444

REINSTATEMENT

11. 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 filing 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/Manager

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

Typed or printed name of signing Managing Member/Manager Kirit Patel

CR2E041 (9/00)