

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 21 PM 2:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M22809

1. Corporation Name

JOE CLEANERS FRANCHISE CORP.

2. Principal Office Address - No P.O. Box #

16766 N.W. 67TH AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33015

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1985

5. FEI Number

65-0075285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CALABRESE, ROSANNA

Street Address (P.O. Box Number is Not Acceptable)
16766 N.W. 67TH AVE.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33015

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

(Signature)
REGISTERED AGENT MUST SIGN

Date 09-20-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NATHALIA CALABRESE	16766 N.W. 67TH AVE.	MIAMI, FL 33015
S/D	ROSANNA CALABRESE	16766 N.W. 67TH AVE.	MIAMI, FL 33015

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 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 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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-20-07

Date

Daytime Phone #