


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 24 PM 4:25

DOCUMENT # **M22809**
1. Corporation Name
Joe Cleaners Franchise Corp.

200025223552
12/04/03--01016--010 **158.75
REINSTATEMENT 03

2. Principal Office Address 16766 NW 67 AVE		3. Mailing Office Address 16766 NW 67 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL 33015		City & State MIAMI, FL	
Zip 33015	Country USA	Zip 33015	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **11/1/85**

5. FEI Number **650075285** 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 **ROSANNA CALABRESE**

Street Address (P.O. Box Number is Not Acceptable)
16766 NW 67 AVE

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33015**

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.

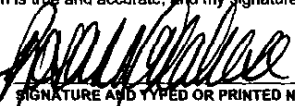
Signature of Registered Agent  Date **11/21/03**

REGISTERED AGENT MUST SIGN

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
SD	Calabrese, ROSANNA	16766 NW 67 AVE.	MIAMI, FL 33015
PD	Calabrese, Nathalia	16766 NW 67 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 under section 119.07(3)(j), 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  **ROSANNA CALABRESE** 11/21/03 305-825-3012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

November 21st, 2003

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

To whom it may concern,

This letter is to notify you that I did not receive the 2003 for Profit Corporation Uniform Business Report. I would like to request a reinstatement of the corporation and the penalty fee to be waived. Thank you for your cooperation in this matter.



Ms. Rosanna Calabrese Registered Agent