

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAY 14 AM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M24833

1. Corporation Name

SONY DRYCLEANERS CORPORATION

Principal Place of Business

Mailing Address

12031 SW 117TH AVENUE
MIAMI FL 33186

12031 SW 117TH AVENUE
MIAMI FL 33186

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

12/19/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*5. FEI Number

59-2663155

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$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	City / State / Zip
1	2	3	4
P/D	CHARANIA, GULAM A.	14272 SW 18 STREET	MIAMI FL 33175
STD	CHARANIA, ROBBINA	14272 SW 18 STREET	MIAMI FL 33175
			700004303097--5 -05/23/01--01090--025 *****600.00 *****600.00
			700004303097--5 -05/23/01--01090--025 *****308.75 *****308.75
			REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

FRANKEL, ALAN
C/O ALAN FRANKEL & ASSOCIATES, P.A.
10850 SW 113TH PALCE SUITE 203
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/21/01 305 233-3839

MW

CR2E040 (8/00)